

child study

A quarterly journal of parent education

**Doctors, hospitals,
nurses and
children**

**How can families work with the medical
team to help the sick child?**



coming events . . .

a CSAA calendar

January 16, 1957

Bells Are Ringing,

starring Judy Holliday

A CSAA Benefit Performance. Schubert Theater.

February 1, 1957

Parent Discussion Groups,

Spring Series

- I The Young Child
(Infancy through Four)
- II The Young School Age Child
(Five through Nine)
- III The Pre-and Young Adolescent
(Ten through Fourteen)

Groups will meet at Association Headquarters for ten weekly sessions, beginning February 1. Some evening groups to permit fathers, as well as mothers, to attend.

March 25, 1957

"The Man In the Family."

CSAA Annual Conference

At Hotel Statler, New York City.

March 26 & 27, 1957

**Eleventh Annual Institute for Workers
in Parent Education**

At Teachers College, Columbia University, New York City.

For information or reservations, write or phone The Child Study Association of America, 132 East 74th Street, New York 21, New York.

Child Study Association of America
132 East 74th Street, New York 21, N. Y.

Established 1888

BOARD OF DIRECTORS

- MRS. CLARENCE K. WHITEHILL, President
MRS. GEORGE VAN TRUMP BURGESS, Vice-President
FRANK E. KARELSEN, Vice-President
MRS. F. S. STRAUS, Vice-President
NATHANIEL T. WINTHROP, Treasurer
MRS. CARL WEISL, JR., Secretary

| | |
|-----------------------------|----------------------------|
| CHARLOTTE ADAMS | MRS. STANLEY KAUFMAN |
| MRS. WILLIAM E. ARNSTEIN | OTTO KLINEBERG, M.D. |
| MORRIS BONOFF | WHITMAN KNAPP |
| RONALD S. CALVERT | MARGARET M. LAWRENCE, M.D. |
| MRS. EDWIN F. CHINLUND | REA LUBAR |
| MRS. MELVIN EVANS | EDWIN J. LUKAS |
| MRS. BARNEY GILBERT | JERRY MASON |
| MRS. CARL W. GRAM, JR. | MRS. JACQUES C. NORDEMAN |
| MRS. LEE S. HARTMAN | MRS. WILLIAM REX |
| MRS. ANNA ARNOLD HEDGEMAN | MRS. MARTIN ROEDER |
| RALPH HETZEL | MRS. WILL ROLAND |
| JOSEPH D. ISAACSON | WILLIAM J. TRENT, JR. |
| MRS. GLADYS GARDNER JENKINS | MRS. CHARLES WYMAN |
| MRS. FRANK E. KARELSEN | BLANDINA WORCESTER, M.D. |
| | MRS. EUGENE H. ZAGAT |

ADVISORY BOARD

| | |
|---------------------------|---------------------------|
| GRACE McL. ABBATE, M.D. | LAWRENCE S. KUBIE, M.D. |
| LAURETTA BENDER, M.D. | DAVID M. LEVY, M.D. |
| VIOLA BERNARD, M.D. | MRS. HAMILTON M. LOEB |
| PETER BLOS | LAWSON G. LOWREY, M.D. |
| RUTH BRICKNER, M.D. | AUSTIN H. MACCORMICK |
| LYMAN BRYSON | ERNEST O. MILBY |
| MRS. EDWARD C. CARTER | ERNEST G. OSBORNE |
| KENNETH CLARK | HARRY ALLEN OVERSTREET |
| EVELYN MILLIS DUVALL | MIRIAM SUIRO PRICE |
| LAWRENCE K. FRANK | W. CARSON RYAN |
| MARY O'NEIL HAWKINS, M.D. | ALEX SAREYAN |
| HOWARD W. HOPKIRK | RENE A. SPITZ, M.D. |
| FREDA S. KEHM | BENJAMIN SPOCK, M.D. |
| ALICE V. KELIHER | JESSIE STANTON |
| MARION E. KENWORTHY, M.D. | MARK STARR |
| WILLIAM HEARD KILPATRICK | GEORGE S. STEVENSON, M.D. |
| MARIANNE KRIS, M.D. | LOIS MEEK STOLZ |
| | CHANNING H. TOBIAS |

STAFF

GUNNAR DYBWAD, J. D., Executive Director

Parent Group Education

ALINE B. AUERBACH, Director
GERTRUDE GOLLER, Assoc. Director
SALVATORE AMBROSINO, Assistant
MILDRED RABINOW, Field Supv.

**Community Relations
& Publications**

ELIZABETH BRADLEY, Director
RUTH R. OHMAN, Assistant
JOYCE SUFFIAN, Assistant

Child Study Magazine

MARGARET C. DAWSON, Editor

**Consultant, Children's
Books & Mass Media**

JOSSETTE FRANK

Counseling Service

LUCILLE STEIN

Program Consultant

ANNA W. M. WOLF

Special Consultant

SIDONIE M. GRUENBERG

Psychiatric Consultant

MARIANNE KRIS, M.D.

child study

A quarterly journal of parent education Winter 1956-57

| | |
|---|----|
| The family and the sick child | 2 |
| If: "Admit parents at all times" Miriam Hemmendinger | 3 |
| An experiment in teamwork Andrew D. Hunt, Jr., M.D. | 10 |
| The impact of illness on the child and his family James Marvin Baty, M.D. Veronica B. Tisza, M.D. | 15 |
| The convalescent child Edward M. Cohart, M.D. | 20 |
| The public health nurse: a member of the mental health team Ilse S. Wolff, R.N. | 24 |
| Rooming-in—a decade's experience Margaret C. Dawson | 30 |
| New books about parenthood and family life | 38 |
| Books for children about hospitals —and some to help parents | 40 |
| CSAA reports | 41 |
| Books of the year for children | 42 |
| Photographs by Suzanne Szasz | 44 |

Sixty-five cents a copy

Vol. XXXIV, No. 1 \$2.50 a year

EDITOR: Margaret C. Dawson. EDITORIAL BOARD: Aline B. Auerbach, Elizabeth Bradley, Gunnar Dybwad, Pauline Evans, Josette Frank, Sidonie Matsner Gruenberg, Bernadine Kreis, Elizabeth Pope, Anna W. M. Wolf. BUSINESS MANAGER: Ruth R. Ohman.

Every issue of CHILD STUDY is completely indexed in the Education Index.

CHILD STUDY re-entered as second-class matter September 19, 1947, at the Post Office at New York, N. Y., under the act of March 3, 1879. Copyright 1952, by Child Study Association of America, Inc. Published by the Child Study Association, 152 East 74th Street, New York 21, N. Y. Quarterly in Winter, Spring, Summer and Fall issues. 65 cents a copy. \$2.50 a year. \$4.50 for two years. \$6.00 for three years. Add 25 cents annually for all foreign subscriptions.



The family and the sick child

The little girl in this eloquent picture states the problem: what is hospitalization going to mean to her? Will she come through the experience not only in good physical health, but without emotional scars? Is there a possibility that she will even gain something from learning to cope with strangeness and pain in an atmosphere of friendly understanding?

These are questions that doctors and all others who work with children during illness, hospitalization and convalescence, are earnestly seeking to answer in the affirmative for her and for all children. More and more they are coming to believe that such results can best be accomplished if the bond between the sick child and the family is kept as nearly intact as possible.

The idea is sound. But ideas are not enough. They must be carried over into individual action, institutional procedures, community resources. They must be carefully planned and introduced, too, and not gulped down or forced on people to whom they are not congenial. Experiment and adaptation are both in order, and we need not feel that all is lost if changes are sometimes slow in coming.

Meanwhile, there are a number of hopeful signposts, to which this issue of *Child Study* draws attention. They are only a sampling of many excellent projects in this country and elsewhere. But they provide encouragement and command admiration. All of them—however they vary in detail—point to the vital importance of a concept that is as old as the hills and yet as new as the most fabulous wonder drug: *the medical care of the child is a family concern*.

The Editors

By Miriam Hemmendinger

Rx: "Admit parents at all times"

This moving account shows what can happen when new ideas of medical child care are put into actual practice. The articles that follow, describing other hopeful developments, will gain added meaning from such a heartening report. For this, truly, is "what it's all about."

This is an account of a hospital and a child. The child is mine, and though I am as fatuous as the next mother, I cannot claim he is an unusual child. The unusual part of this narrative is the hospital. I believe it is so singular, its philosophy and techniques have so many implications that I feel impelled to tell about it the only way I can—through our experiences there when our youngest child developed polio.

Hundreds of children come down with polio every year and countless articles appear about individual cases. Mark's case, a combination of bulbar and spinal, was comparatively mild and simple; and there would be absolutely no reason to dwell upon it were it not for the way he was handled, by a hospital which seems to feel that medicine stands on no loftier plane than the patient, and that the reduction of terror demands almost as much attention as the reduction of a fracture.

Mark is seven; a lively uncomplicated seven, though prior to this illness very shy with strangers. He suddenly became ill late on a Saturday night, with some of the traditional polio symptoms: fever, stiff neck, and violent headache. By Sunday afternoon he was no better, and overcoming my ostrich-like impulse to call it a "virus," I took him to our family doctor. He promptly suggest-

ed hospitalization for definite diagnosis.

The hospital was the Hunterdon Medical Center, just outside of Flemington, New Jersey. This was a new hospital then in its second year of operation; an experiment in bringing to rural areas the same broad range of medical services as are offered in a large city. We knew a little about Hunterdon as Mark had had his tonsils removed there the previous winter. I had been impressed with the hospital then, particularly with the provisions made for parents to spend the night with their children, and with the careful pre- and post-operative care. However, hospital is a horrid word to most parents. We're grateful for these institutions but we dread them for ourselves and doubly for our children. The mixture of suffering and fear, the curious withdrawn attitude of the staffs, and false standard of the "stiff upper lip," the lack of real communication . . . all make up the average hospital atmosphere. The sicker a child becomes, the harder it is to relinquish him to those skilled, devastatingly efficient and impersonal hands. Add to this the hated word "polio," and you can imagine my emotions as I put Mark in the car and headed for Flemington, maintaining a calm exterior only because I was too numb to maintain anything else.

As we approached our destination, I ex-

plained to Mark that he might have polio and that going to the hospital was the only way to find out. Our family has never talked of this disease as different from any other serious illness, so Mark was not particularly impressed by the word polio, his only anxiety being, "How will they find out? What will they do?" I replied as honestly as I could, explaining about the spinal tap, which would hurt like an injection. He was naturally apprehensive but trusted my explanation. I was also apprehensive, dreading not only the diagnosis but the shock of hospitalization, the treatment and all that might lie ahead. Mark, lying quietly beside me in the car, seemed suddenly very small and unprepared for pain.

The admitting office

When we walked into the admitting office, (Mark limping stiffly but insisting he could walk, and I too intent on fooling myself to argue) the lady in charge suggested that we go right up to pediatrics and went along with us to record the routine admitting particulars. As she stood chatting with Mark while we waited for the elevator, I vividly recalled another hospital where I had had to wait one hour with my older boy who had a fever of 104°, before he was admitted and escorted to his room.

Pediatrics, like all other floors at Hunterdon, is a cheerful, non-hospital-like wing which, either by virtue of its newness or some other magic, lacks the usual hospital aroma composed of equal parts of disinfectant, ether and floor polish. The interior walls are finished in natural wood, and all rooms boast large "picture" windows with gay draperies. The isolation room was warm with yellow drapes and a painted mural, and Mark was settled there by a friendly nurse. The door was left open and we could see and hear the children across the hall, and watch two lively boys "hot-rodding" in wheel chairs up and down the hall.

Remember, this was a Sunday afternoon when only a skeleton staff is on duty at any hospital. The resident intern who came in was not the one assigned to pediatrics, and

from his conversation with a colleague, was clearly being rushed off his feet with emergency accident cases. However, he managed to keep any disturbing sensation of urgency from Mark, patiently taking time with each step. When Mark asked worriedly, "When are you going to do the spinal tap?" the doctor raised his eyebrows at me and replied, "Well, if you know about it, we'd better do it right away, then you won't have to think about it." While he waited for the equipment he explained what he was going to do and how Mark was to lie, impressing upon him, without any threats, the need to lie still. He neither mitigated the fact that it would hurt, nor dwelt upon it. Then they went ahead as fast as possible. Mark howled but he managed to lie still and listen to our encouragement between yells. It was a hard few minutes, but certainly not devastating, and I noted how nurse and intern were quick with praise and no one uselessly urged Mark not to cry. The need and right to cry is respected at this hospital.

"Direct and honest"

The usual blood tests followed the spinal puncture, and then we could comfort Mark by promising "that's all for today." Everyone had been so direct and honest, he cheered up immediately and followed the rest of the procedures without anxiety. By this time Dr. H., chief of pediatrics, had arrived from his home, and a technician had been called in to analyze the spinal fluid. It seemed an amazingly short time before Dr. H. reported that Mark probably had polio, although meningitis or encephalitis were still possibilities. (With that "choice" we could only feel fortunate when it was definitely established as polio the next day.) "Would you like to stay with your son?" asked Dr. H. Would I! Nevertheless, I hesitated. Did this mean that I would be isolated, too, for the duration of the contagious period? I had a husband and two children at home to consider. No, indeed; I was told I could come and go as I wished. I had only to conform to the same isolation tech-

niques observed by the staff: the sterile gown to be worn when in the room, the careful washing of hands. I could be with my child, minister to him, comfort him. And comfort myself!

When I expressed my relief and surprise, Dr. H. remarked that although little is known about polio, all experience points to the fact that doctors and nurses caring for polio patients do not carry the disease home to their families. If hospital staffs can exercise the necessary precautions, which are essentially ones of cleanliness, so can parents. I might add here that we obtained Gamma Globulin serum for our other children and two neighbor children, but neither my husband or I bothered to have the injections, although we were with Mark constantly. Perhaps the most contagious period is over by the time polio is diagnosed.

Recognizing emotional factors

Hunterdon's attitude toward polio is not one composed purely of calm common sense. This hospital recognizes the emotional factors in children's illnesses, particularly in the case of hospitalization. They believe that mothers and fathers can play a large role in the recovery of a child. Fear is reduced if a parent is on hand, and the awful feeling of being deserted, and even sometimes (in the child's imagination) punished, is practically non-existent at Hunterdon.

Think of what this means not only to the youngster but to his mother and father. I have seen anguished parents standing helpless as their little ones were born off screaming to a ward marked "Isolation." I have heard doctors tell mothers not to visit their children because the strain of leave-tak'ing at the end of visiting hours would be too devastating for the child. But at Hunterdon *any hour is visiting hour for parents*, and they are encouraged to stay if they can, particularly in the beginning. There is a stack of roll-away beds ready to place in any room, and as there are no more than two patient beds to a room, and four cribs to a nursery, there's ample space.

How do the nurses feel about this parental invasion of their sanctum? Some of them confided to me that they would never have believed that the presence of a parent could make so much positive difference to a hospitalized child. Most of these nurses had trained in hospitals where the very opposite attitude was prevalent, and where parents were considered an emotional burden to be endured as briefly as possible. Now they discovered that with some few exceptions parents were really a help. "If anyone had told me I'd *want* mothers around!" one nurse said with humorous astonishment.

As the concept of the value of parent attendance is basic to the hospital's philosophy, there is no charge for the privilege of staying there. I stayed every night of the first week with Mark, until he was out of isolation, and paid for nothing but my meals. There was no fee for my bed and linens, for the coffee and sandwiches the nurses shared with me at night, or the variety of juices put at my disposal. And there could be no price set upon the patient answering of questions, the sharing of information, the way parents are accepted by the staff and allowed to help in the nursing of their children. Small wonder that there is so little weeping. Small wonder that Mark slept, fitfully, painfully, but with complete security at night, and that in between times I slept too instead of tossing in a nightmare of anxiety at home.

An approach with many facets

This consideration of a child's needs in terms of his whole personality rather than in the narrow terms of his specific physical disorder, is apparent in every technique. The record taken by the resident pediatrician, Dr. T., covers every facet of the child's physical, emotional, and social life. I was asked very careful questions about Mark's symptoms, of course, but I was also encouraged to talk about his behavior at home, his fears, likes, attitudes, relationships with other members of the family, etc. I am well aware that I was under scrutiny, too!

The nurses keep similar daily records, not only of the child's temperature and other physical data, but also of his emotional reactions, how he plays, how he reacts to visitors, whether he seems restless, angry, fearful, etc. Dr. T. wanders, with deceptive casualness, in and out of the rooms during the day, constantly adding to her understanding of each child through conversation or just observation.

Under these circumstances it is not surprising that nurses and doctors always explain before they do anything to their patients. If pain will be involved, they say so honestly, the tone being one of confident assumption that the child will cooperate. But if the child is unable to face the treatment, if force has to be employed, that force is used in a kindly impersonal way with neither threats nor moral persuasions about being "bad" or a "sissy." There is much good-natured teasing and there is also much real loving. Babies are cuddled and held on laps, little children rocked in understanding arms, older children are held, too, played with and read to. Each child is a real individual and treated accordingly. Of course, there is discipline, the kind of adult control that leads to self-control. Simple manners and courtesy are encouraged in the children, and much consistent courtesy is shown by the staff.

The "extra" that counts

But beyond all this, there is an extra sensitivity and perception. For example, from the very first, Mark decided that the bedpan was not for him. Like many youngsters whose toilet-training days still linger faintly in their memory, the conception of being toileted in bed was alarming to him. No doubt he could have been persuaded or forced; in fact, I immediately set about to do so in order to prepare him for what I felt would be inevitable. The very first nurse who met with his anxiety, however, respected his feeling promptly, and cheerfully carried him to the isolation bathroom. She must have noted his reaction on his record for the bedpan did not appear again. There

was never the slightest indication on the part of any nurse that this was an unnecessary extra burden, which it obviously was, as Mark had to be completely supported and had great difficulties due to his weakened stomach muscles. It was a month before he could sit even partially by himself, but during that period the question of the bedpan was never raised.

Similarly, in the early days of his hospitalization, if some treatment or examination could wait until I was on hand (I daily went home for a few hours), Mark's anxieties were respected and the treatment was postponed. In this way such a feeling of trust was established that Mark began to manage more and more on his own, and needed me less and less.

Another small but telling example of this sensitivity was the manner in which nurses went off duty. Day nurses usually made the rounds and said goodnight to their charges, reminding them they would be back the next day, or not, as the case might be, and mentioning the name of the night nurse and her aid. That nurse in turn would pop in as soon as possible after she took over simply to say "Hello, I'm here if you want me." This must be a big reassurance to bed patients, giving a real feeling of continuing awareness and care.

And a final example on a different level: during that first week, while his body was still reacting to the paralysing effects of polio, Mark was closely watched, tested three or four times a day, and examined by a variety of doctors. At an early point the orthopedic surgeon was asked to check Mark's muscles. The first time that surgeon managed to get to pediatrics, Mark was attempting one of his first light meals. Dr. K. immediately backed out of the room and said, "Don't bother him now, I'll be back when he's done." He returned within the hour to find that Mark had dozed off. Again, Dr. K. refused to have the patient "bothered." He came a third time . . . Mark was still asleep, and he finally examined him the next day. This was a busy surgeon who left his quarters in another part of the

hospital on four separate occasions, rather than disturb a sick seven-year-old at an inconvenient moment!

As soon as Mark's fever subsided, hot pack treatments were introduced to relax the spasms. This was done three times a day, the period being slowly increased from 10 to 25 minutes. I was shown how to distribute the packs along his small body, how to place him, etc., and given that heavenly feeling of really helping when I so wanted to help in the battle. In my absence, one of the nurses set up the treatment and stayed to read to Mark or play records to while away those long heated minutes. And after he was out of isolation there were frequently two or three convalescent children in the room during hot pack time, listening to the story, or singing along with the records.

Setting a goal

Mark was still young enough not to be frightened by the immobility of certain limbs. He knew this was one of the results of polio, but as everyone was so casual he obviously assumed the helplessness would go in time. As there are no wards at Hunterdon, he was not exposed to some of the more frightening aspects of polio, nor the unthinking remarks of visitors. We told him it would be a long time, made no promise, and set our immediate sights on getting out of isolation. His door was left open whenever he requested it, so he could partially observe what went on outside. There was an older girl across the hall who had been seriously affected by polio throughout her whole body, and a four-year-old who was beginning to walk again. We watched both children, sympathizing with the slow progress of one, rejoicing with the increasing skill of the other, and Mark quite naturally identified himself with the latter. We used to see those two patients go off daily to hydrotherapy, and the therapist and her assistant dropped in at Mark's room taking time and effort to become his friends long before he began to go along. They told him all about the equipment upstairs, and urged him to acquire some water toys

to use in the pool. The other two children with their boats and water pistols made Mark anxious to join them and gave him a simple goal which he knew he would soon reach.

The hydrotherapy room is well equipped with whirlpool bath, Hubbard tank, and a variety of exercising equipment. The room is even better equipped by virtue of its therapist. She knows just how to mix work and fun, praise and discipline, and gets a fine response from her young patients. Many of the stretching exercises are sharply painful, and this pain is fully acknowledged while the need for the exercise is explained. "I'd cry too, if someone did this to me," Miss N. would say with cheerful sympathy. "Come on, we'll do it once more, and you yell all you want." Miss N. loves her young patients and treats them with humorous respect; and as she stretches their limbs she helps them grow with the pain rather than sink into it. Her young assistant sees to it that the trip up and back to pediatrics, whether in a wheel chair or a stretcher table, is an adventure in travel. Erratic speed, stops at points of interest, and general hullabaloo is always part of the journey, and Mark looked forward to those trips as the high spot of his day.

When the isolation period was over

After the isolation period was over, Mark was moved across the hall and I went back to home routines, visiting him afternoons, while my husband visited at night. Mark could soon tolerate having his bed raised for short periods, and as time went on managed to sit up. Sometimes he was alone, frequently he had roommates; and he who had been so slow at making friends with strangers began to reach out with pleasure. Naturally his pile of gifts increased daily, and the staff cheerfully permitted us to set up an electric train a loving grandmother had sent. Imagine an extra table with an electric train set up in a hospital room! Everyone played with that train and no one seemed to be annoyed because the extra clutter made the room an obstacle course.

A month went by, and we were all settling down to a routine between home and hospital. Mark took our goings and comings easily, enjoyed our visits, but was not dependent on them. For a change of scene he was frequently put on a stretcher table and wheeled into the play room or—which he preferred—down the hall to the nurse's station. There he would lie on his stomach, absorbing all the activity, asking innumerable questions, getting generally in the way . . . although no one ever said so. His brother and sister were allowed to visit once a week. It is worthwhile noting here that they had been permitted to stand at his door the end of the first week. Dr. H. evidently recognized the value of relieving the older children's anxiety, and therefore allowed a brief reassuring visit—another example of how the entire family is considered as well as the patient.

Being part of his new world

New polio cases were admitted after Mark had been hospitalized for some time. Fortunately these cases were mild, and the children were able to leave fairly soon. These early departures could have been hard to take, particularly as the girl who had been most seriously affected had been transferred to Warm Springs, so that Mark was in the position of the "oldest" polio patient. I noticed that no one made useless promises to him about his going home or pretended, with that heavy pretence adults sometimes use, that he was perfectly content to stay in the hospital. However, the morning the pediatric floor was fairly deserted, Mark, graduated to a wheel chair by then, was invited to join the staff in the treatment room where they enjoyed a mid-morning break with coffee, cake, and conferences. Frequently thereafter, if the staff was not too busy, Mark was asked to join them for his share of cake and a couple of games of dominoes with one of the doctors. By such methods, without words, was he comforted and made to feel a real cog in this new world he was inhabiting. Small

wonder Mark matured and became friendlier with adults.

Same treatment for all

None of this "treatment" I have been describing is peculiar to polio patients alone. Every child and parent at Hunterdon receives the same loving attention and respect. Sometimes, of course, parents would find themselves unable to stay with their children the first frightening couple of days. The nurses would then spend extra time with that child, and children soon identified a particular nurse as their own special one. When possible, other nurses would defer to such a preference. "Let so-and-so do it," I'd hear a nurse say, "Jane likes her the best." I have seen lonely children cuddled, played with, read to, settled in play pens, wheel chairs, or stretchers right by the nurses' desks, not as the exception, but as the rule. I have seen nurses making checking rounds with a baby on the hip, for all the world like a mother going about home chores with a fretful baby in tow.

I saw a two-year-old so blistered with some sort of allergy that it was agony for the child to be touched, let alone handled by white-clad strangers. The baby's mother was encouraged to do all the handling, doctors and nurses observing and doing as little directly as was necessary. It was considered as important to treat the child's terror as to locate the source of the allergy.

Another infant was brought in in a coma, needing immediate oxygen. The mother was desperately frightened, and could hardly bear to relinquish the child for treatment. As soon as possible after examination, the infant was returned to the mother's arms, and the mother shown how the oxygen was to be administered. The door to the nursery was open and I stood watching as the nurse went swiftly in and out. When the baby was settled, she brought comfortable slippers and slipped them on the mother's feet. She wrapped a blanket across the shaking thin shoulders. She kept a vigilant eye on the infant, but the mother was in that magic circle of observation and

care, not shut out. The following evening, the baby, with the amazing resiliency of infants, was already convalescing and a nurse carried the infant about in her arms in order to permit the exhausted mother to sleep.

I saw countless accident cases brought in, broken bones being the most common emergency. No matter how busy the staff seemed to be, each child was carefully prepared for whatever treatment was in store. The anaesthetist came down to the child's room and briefly explained the process and instruments of anaesthesia before the child was taken away into the forbidding atmosphere of the operating room. Whatever could be done to alleviate the terror of the unknown was always attempted, yet no one ever lied to a child to make things easier for himself. How many of us can claim such consistency!

The underlying philosophy

Are these nurses and doctors a special breed, the cream of their professional crop? No, I don't think so. Hunterdon pays no more than other hospitals and has the same problems of staffing. The difference lies in the hospital's philosophy which must be well explained to each and every staff member, for everyone seems to practice the same unfailing understanding and controlled tenderness. It is as if the nurses were told not only the importance of the psychological effects of illness and the destructive power of fear, but also as if they were reminded that they are women and potential, if not actual, mothers as well as nurses.

One of the lucky ones!

On October 8th, still muscularly weak and in need of future therapy, Mark walked out of Hunterdon Hospital. He was one of the lucky ones—he walked! Because his spine was involved, the possibility of a future spinal curvature and an operation has still to be considered. It may take two or three years before we can be sure one way or the other. But no matter what happens, Mark is lucky! A crippled spirit is far harder to support than a crippled spine, and

Mark's spirit is whole and unself-centered. He has learned about pain, patience, and people in a positive way. He has greatly matured in these months, and in a situation which might have been very harmful to his sense of security, he gained both trust and self-assurance. I do not doubt that his physical progress would have been equally good at any number of other hospitals, but I sincerely doubt he would have grown as emotionally healthy in the fairly rigid impersonal atmosphere of the average ward. Yes, Mark is lucky, and we are lucky, for we have access to a hospital where efficiency is never developed at the expense of the patient, where sterile refers only to cleanliness, and where love is a recognized antibiotic!

Approved by the Joint Committee
on Health Problems in Education
of the NEA and the AMA

When children begin to ask about sex . . .

you can depend on these books—
approved by leading educational
and medical authorities—to answer
young people's sex questions in a
straightforward, realistic, and de-
pendable way.

THE BUTTON SERIES ON SEX EDUCATION
By Marion O. Lerrigo, Ph.D. and
Helen Southard, M.A., in consultation
with Milton J. E. Senn, M.D.

- Information for adults
about sex education:

Sex Facts and Attitudes

A sound discussion of the physical
and emotional aspects of sex addressed
to all adults who have any
responsibility for the sex education
of children or youth. \$2.50

Parent's Privilege

How, When and What to Tell Your
Child About Sex. What parents
should tell children from 3 to 8
about anatomy, conception, and
birth. \$2.00

- For young people to read:

A Story About You

For the youngsters and their parents
—simple facts of birth and growth
for the child from 9 to 12. \$2.00

What's Happening to Me?

Sex Education for the Teen-Ager.
A frank discussion of the physical,
mental, and emotional changes in the
boy and girl from 12 to 15. \$2.00

Learning About Love

Sound Facts and Healthy Attitudes
Toward Sex and Marriage. A
straightforward discussion for young
people of both sexes, from 16 to 20
years of age. \$2.00

Each profusely illustrated in color
and black and white.

At all bookstores
E. P. BUTTON & CO., INC., N. Y. 10

By Andrew D. Hunt, Jr., M.D.

An experiment in teamwork

Hospitalization can actually be a constructive experience for a child. That is the belief of Dr. Hunt, Director of Pediatric Services at the Hunterdon Medical Center in Flemington, New Jersey, where cooperation between hospital and parents is considered a potent medicine

The opening of a rural medical center in July 1953 offered an opportunity to test certain ideas about the hospitalization of children which, although theoretically sound, have been viewed with some misgivings by physicians, nurses, and hospital administrators. The basic one of these principles is the acceptance of parents as members of the "team" taking care of a sick child. The vigorous and often passionate protests of most mothers at being separated from their sick children suggest that this concept is basically right from the standpoint of feelings and family relations. Medically, too, the possibility of poor effects from such separation has been clearly demonstrated.¹ Yet the fear of practical difficulties has often kept a different, more "humanized" procedure from being put into practice.

There seemed, therefore, to be a need to experiment with an in-patient service in which participation by parents was encouraged; to evaluate the experience; and to consider the possibility of initiating such a policy in other hospitals. A pediatric service to meet these requirements was set up at the Hunterdon Medical Center, in Flem-

ington, New Jersey, over three years ago, and this article could be considered a preliminary report on the results to date.

To start a program of hospitalization such as this, real readiness to try out a departure from traditional procedures must exist. For this reason, a good deal of difficulty is generally encountered when efforts are made to convert a pediatric service from traditional restricted visiting hours to a more liberal policy. Usually, the hospital personnel sees this simply as an extension of the "visiting hour" confusion into a prolonged nightmare.

The author is able to sympathize with such an attitude since, earlier in his career, he shared these feelings. His first year in residency was spent in a large teaching hospital where visiting hours were looked on with dread by nurses and physicians because the peacefully submissive children suddenly became whining, clinging little monsters attached like barnacles to their distraught, tearful mothers. At the termination of visiting hours, the din was unbelievable, and it was many hours before the ward was restored to order. The thought of expanding this harrowing period by having the parents constantly present was unthinkable. Indeed the standard dictum was "children would be all right if it were not for

¹ A graphic presentation of this is given in the film, "A Two Year Old Goes to the Hospital", a scientific film produced at the Tavistock Clinic in London by James Robertson.

their parents." Such strong feelings on the part of pediatricians and nurses cannot be changed abruptly. In the author's case, this transformation of attitude required several years of experience and participation in a program of psychological pediatrics in a children's hospital.

Policy must be interpreted

However, for a program of children's hospitalization such as this to be possible, it is not sufficient that the chief of pediatrics be sympathetic to the policy. The hospital administration, director of nurses, nursing supervisors, and staff nurses must all understand the reasons and purposes of the plan, and support it firmly and vigorously. The remarkably smooth operation of the pediatric service at Hunterdon Medical Center is largely due to the fact that all professional personnel were sympathetic to the pediatric visiting policy at the opening of this new institution.

The history of Hunterdon Medical Center has been well documented.² However, a word here might be appropriate to describe the steps leading to the selection of a staff with interest in mental health principles.

A meeting of the County Board of Agriculture was held in 1946, at which the lack of either hospital or specialist in this semi-rural New Jersey county with a population of 43,000, was deplored. As a result of this meeting, a Board of Trustees was set up which, with extraordinarily enlightened leadership, sought counsel from several groups, including the Commonwealth Fund, with its interest in community mental health.

Early in the planning stage, it was determined that among the specialists who would work as a group in the 120-bed hospital, in collaboration with the county's general practitioners, would be a child psychiatrist and a pediatrician who was psychiatrically oriented. The first Medical Director, with a background in preventive medicine

and an interest in mental health, was largely responsible for the recruitment of the specialist staff. The pediatrician and child psychiatrist were the first specialists to arrive, and they did so one year prior to the opening of the hospital. This year was spent largely in exploring relations with the general practitioners, assisting the Director in many ways, and in setting up plans for policies regarding the hospitalization of children. Thus, a pediatric policy of unlimited visiting hours was established even before the Director of Nurses had been interviewed. Recruitment of nurses and other hospital personnel was carried out on the basis of this policy.

The Director of Nurses arrived approximately three months prior to the expected date of opening, and recruitment of the nursing staff began forthwith. The candidate for Pediatric Supervisor was interviewed by the author, and the proposed plan for parents' visiting was discussed at length with her. Her pediatric experience had been in a traditional setting with limited visiting hours, and her initial enthusiasm for our plan was no more than mild. However, she accepted the position, is still with us, has written, with a parent, a paper describing the service³, and is to a great measure responsible for the success of the project.

Frequent meetings also were held at this time by the medical staff, consisting of the growing specialist group, and the score or so of family physicians practising in Hunterdon County. Among the topics discussed and included in the bylaws was that of visiting hours, and the reasons for unrestricted admission of parents to the pediatric service were outlined in considerable detail. Resistance to the plan was surprisingly light. A few of the family physicians expressed apprehension, but the policy was voted in without opposition.

At the time of the above-mentioned staff orientation, the hospital building was nearing completion, and the public, who had

² *Hunterdon Medical Center*, by Ray E. Trussell, Harvard University Press, 1956.

³ *Parents Invited* by M. C. Morgan and B. J. Lloyd, in "Nursing Outlook," Vol. 3, May, 1956.

given so remarkably to the building fund drives, was invited to see the Medical Center in conducted tours. As the tours passed through the unfinished pediatric section, the guide informed the people of the visiting hour plans. The public was also told about this policy in one or two articles in the local newspapers.

Therefore, a new hospital, new staff ready to try something different, careful orientation of all personnel, and an informed public enabled us to establish the visiting hours program without the need of battling against taboos or fixed concepts.

Operation of the program

The actual mechanism of the program can be briefly stated. (A more detailed description has been published elsewhere.⁴) On admission, the mother is told that she may visit her child at any time, and that her husband has the same privilege. The admission procedure is one in which the mother takes an active part, accompanying the child to the ward, helping the nurses weigh him, take his temperature, and the like. Thus, even if she is unable to spend the entire night with the child, at least her connection with him has been maintained to a degree.

A roll-away cot can be provided for her, should she wish to spend the night. There is no additional charge for this service, but she must get her own meals, which can be purchased at the hospital snack-bar or cafeteria. We are careful, in most cases, to keep the mother's visiting a permissive affair. We have found that parents who stay with their children because they think it is expected of them may lend them very little support. If parents do not really want to stay, or are distracted by the thought of other demands at home, they may find it difficult to give the child the relaxed, whole-hearted attention that would reassure him.

Reports from mothers who have had experience in other hospitals, our observation of children returning on follow-up visits,

and the reaction of children being rehospitalized on our service all give us the impression that seriously untoward effects from hospitalization in this setting are rare. Indeed, it is remarkable how frequently mothers state, "My child seems to have a better disposition since he entered the hospital," or, "He eats well for the first time in his life," or, "He seems to have grown up." Whereas such statements are undoubtedly heard by physicians from time to time regardless of the visiting policies of the hospitals involved, we feel that our set-up increases the chances that hospitalization, instead of a trial to be forgotten as soon as possible, may actually be a constructive experience for the child and his family.

To use hospitalization to the best possible advantage, members of the hospital staff must recognize that it is not a child, but rather a parent-child unit, that is being admitted to the hospital. The nurses are encouraged to note the behavior and attitudes of mother and child as they are admitted, and to record in nurses' notes observations on the mother's approach to feeding, sleeping, stooling, and the like. Apparent callousness about leaving a child with us, as well as unusual difficulty in separating from a child, is observed and noted. Thus, within a day or two, a fairly good impression is obtained of a parent-child relationship.

Current cases are usually discussed at a daily meeting held by the nurses and doctors during the morning coffee break. The history taken by the house officer, which emphasizes the growth and development of the child from an emotional and relationship standpoint, is related to the physical findings, laboratory work, and observations of behavior. Discussion concerns possible ways of helping to solve any difficulties that have been uncovered. Such help may consist of counseling offered by the nursing staff to parents, or may call on the services of the child psychiatrist member of the specialist staff. The degree of help offered depends upon many factors. The readiness of the parent to become involved is perhaps the most important of these considerations.

⁴ *They Let Parents Help in Children's Care*, by A. D. Hunt, Jr. and R. E. Trussell. "Modern Hospital", Vol. 85, Sept. 1953.

We have found that our policy of unrestricted visiting hours can be used in another beneficial way, too. Pediatricians, in discussing our program, sometimes say that we are pampering the children and that at times children profit by a separation from their parents. It is true that occasionally we find cases in which the inseparability between mother and child exists to such an abnormal degree that limitation rather than extension of the visiting hours seems to offer the best therapeutic possibilities. In our setting, this limitation also is possible, and has been successfully carried out. It is important, however, that the mother is not excluded because of an administrative regulation, but rather agrees to a separation that is mutually planned as a helpful measure for her and the child. It should be emphasized that such a situation is not at all usual, and that problems like those we will discuss are solved, in the great majority of cases, by methods far less drastic than hospitalization. Nevertheless it is interesting to note that flexible visiting hours can be used in this way as well as in the permissive sense of allowing parents to stay with the child. Actually, it is part of the same philosophy in that it allows the parent to participate in the child's care, although here the accent may be on separation rather than on frequent presence at the child's bedside.

For example, we have hospitalized several small children (approximately two years of age) because of severe sleeping difficulties. The characteristic history is that of a child who has begun crying at night, and whose weary parents have tried rocking him to sleep, taking him into their own bed, and the like—all attempts to take away fear from the child, rather than plans to help him to live through such feelings. The result is usually a vicious cycle in which the child becomes increasingly demanding, and the parents increasingly frustrated. One such father and mother had not been out of the house together in the evening for more than a year.

Our policy with our very small series of such cases has been to hospitalize them



NEW SCRIBNER BOOKS

Marcia Brown

THE FLYING CARPET

By The Caldecott Medal Winner
6 - 10 \$3.00

Nan Hayden Agle

PRINCESS MARY OF MARYLAND

Illus. by Aaron Sopher
6 - 10 \$2.50

Alice Dalgliesh

RIDE ON THE WIND

Illus. by Georges Schreiber
6 - 10 \$2.75

Virginia Kahl

PLUM PUDDING FOR CHRISTMAS

5 - 9 \$2.50

Alice E. Goudey

HERE COME THE WHALES!

5 - 9 \$2.50

Marion Renick

SEVEN SIMPSONS ON SIX BIKES

Illus. by Gertrude Howe
6 - 10 \$2.25

Leonard Weisgard

MR. PEACEABLE PAINTS

Illus. by the author
6 - 10 \$2.75

Paul Brown

YOUR PONY'S TREK AROUND THE WORLD

Illus. by the author
6 - 10 \$2.75

Dorothy Callahan and Alma Smith Payne

THE GREAT NUTRITION PUZZLE

Illus. by Helen Borten
Older Ages \$2.95

Robert A. Heinlein

TIME FOR THE STARS

14 - 18 \$2.75

Louise Lee Floethe

IF I WERE CAPTAIN

Illus. by Richard Floethe
4 - 7 \$2.50

At all bookstores



CHARLES SCRIBNER'S SONS

with the understanding that the mothers will go home at night. The mother brings her child in, puts him in his crib, feeds him his evening meal, plays with him, puts him to bed, and says good night. On this first night, considerable encouragement may be required to help the mother leave, and the process may take the better part of an hour. The amount of crying time of the child during the night is recorded, and reported to the mother the next day. It is usually surprisingly short. The nursing staff, which is skilled in the art of substitute mothering, keeps close watch on the child, making sure his fear does not verge on panic, comforting him and talking with him. The nursing staff is always prepared to call the mother back to the hospital should it seem necessary. On the second night, the separation process is apt to be easier.

Three or four nights of such hospitalization seem to be sufficient to give parents a feeling that they can follow through at home, letting the child cry a little if necessary, and having faith that this is the most helpful course in helping him to grow up. During the hospitalization, meanwhile, we have worked hard with the parents, spending perhaps one hour per day discussing their feelings concerning the child, reassuring where necessary, and suggesting ways of coping with specific situations.

Guidance services offer help

Similar methods are applicable where there is a serious struggle involving feeding. Most such situations are, of course, dealt with on an out-patient basis. However, in the rare case where the problem has become so severe as to result in a significant amount of malnutrition, hospitalization may be indicated. The first day or two in the hospital, during which we combine the use of laboratory data and observation of parents and child during feeding, usually serve to make clear a great portion of the problem. In some instances, the parents readily agree to a more extended hospitalization, during which the actual feeding of the child is managed by the nurses. It may

be useful to call on the social service to work through the family's problems and attitudes, or it may develop that referral to the child guidance service, which is part of the Medical Center operation, is advisable for continuing help. Severe feeding problems handled in this way have been uniformly alleviated; in a few cases this improvement has been extraordinarily gratifying. The flexible visiting hour policy also has been used as a major tool in treating unusually difficult and complicated cases of infantile "colic" and constipation.

A new hospital function

The need to hospitalize children because of infectious disease has decreased tremendously with the introduction of new drugs and methods of treatment. Pediatric services everywhere are operating at low rate of occupancy. However, general practitioners and pediatricians are being called upon increasingly to diagnose and treat emotional problems of varying degree in children. Although an enlightened and well-trained physician can deal with many such situations in his office, there are some more resistant difficulties which, in our opinion, can be managed more readily, more efficiently, and more effectively in a hospital atmosphere which is appropriately oriented. Thus, modern medical progress not only has saved countless young lives and prevented much suffering, but may make available hospital space and personnel for action in the presently most important medical battle: the battle for mental health.

We feel that by encouraging parent participation in the hospitalization of children for physical illnesses or surgery, trauma for the child can be minimized. We even believe that the hospitalization for the child and the family as a whole can be a constructive experience. Further, we are finding some reason to believe that a hospital functioning along the lines we have indicated may have a place in the treatment of emotional problems, the solution of which is within the ken of the pediatrician and other members of the hospital team.

The impact of illness on the child and his family

By James Marvin Baty, M.D.
and Veronica B. Tisza, M.D.

A child's illness is usually upsetting to him and his parents, though reactions vary greatly. From the Boston Floating Hospital and the Tufts University School of Medicine comes a discussion that will help parents understand these problems and possible ways to handle them

Parents have become increasingly aware of the psychological disturbances which may be precipitated by children's illness and separation and are anxious to know what can be done to prevent, or at least to minimize, such upsets.

How should the child be prepared for the hospital experience? What should the parents do when their child must be taken there? How often and for how long should they visit? Should they remain with him if possible in the particular hospital? These and many other questions plague parents and doctors as well, as a result of the growing concern about emotional adjustment and the problems of mental health, including the effect of hospitalization on a child.¹

There are no ready answers to most of these questions. Each child and the problem which leads to his hospitalization constitute a completely individual situation affected by such factors as the age of the child, his emotional and intellectual development, the emotional climate of the home and the hospital facilities which are available in the community.

¹ For lists of books and pamphlets that may be helpful in preparing the child for hospitalization see pp. 40 and 41.

At the moment, different experiments are going on in most of the children's hospitals² of this country, designed to gain a better understanding of the problems involved and to improve the methods of child care. This article will describe the program which has been evolving in The Boston Floating Hospital during the past 10 years, and present some of our ideas based on the things we are learning about the impact of illness and hospitalization on children and their families.

An acute illness in a child, severe enough to require a visit by the doctor, is usually an upsetting event to the family. Parents naturally become anxious, and their uneasiness may be increased by many things such as an epidemic of poliomyelitis or some other dreaded disease in the community, or the recent critical illness or death, either of a member of the family or of a friend.

As a result, the emotional reactions of the family undergo more or less marked changes which may have various effects on the sick child. He may be gratified to find

² The term "children's hospitals" is used in this discussion to include not only the relatively few hospitals which give care solely to children, but also the children's wards of the larger general hospitals.

himself the focus of his parents' time and care, often lavished on him to the point of unusual indulgence. He may be confused by his mother's attitude, for anxious mothers tend to forget, or at least to relax, all the good principles which usually determine their behavior towards the child. Mothers who under ordinary circumstances would never deceive or force their children will unhesitatingly pretend that applesauce is the only thing in the spoon containing a bitter-tasting medicine. They may give an enema without preparing the child or force fluids or food with an intensity which can be explained only by their desire to get the child well as quickly as possible.

The child senses his parents' apprehension and the changes in their approach to him, but does not understand what has happened. At the same time, he has to give up gains in independence which he may only recently have acquired. He has to stay in bed—and there is nothing harder on children than restriction of motion, unless they are too sick to move. His bowel movements and his urinary functions become a matter of concern again. How much or how little he eats is now a major issue and his diet frequently changes to "baby food." At the same time, the child has to handle the effect of illness on his own body and emotions. He may become withdrawn and want nothing to do with anyone, or he may change into a clinging, whiny, contrary "brat" demanding to be held and comforted constantly by his mother. Other children revert to an infantile state, sucking their fingers, wetting themselves and wanting to be babied.

What does it mean to parents?

If the doctor recommends hospitalization, there may be little time to prepare the child beyond saying that mommy and daddy will take him to the hospital and that they will bring him home again after the doctors and nurses have made him feel all better. What does it mean to parents, especially mothers, to take their child to a hospital under such circumstances?

It means different things to different people, of course, and parents will vary widely in their reactions. However, they are apt to feel that their worry about the illness was justified. At the same time, there is a sense of relief that the responsibility will be removed from their shoulders and assumed by trusted professional people—for most people do trust their doctors and do feel that their children will receive good care in the hospital. This sense of relief often is followed by, and becomes mixed with, feelings of uneasiness and helplessness and, probably, with ill-defined feelings of guilt. In addition, the mother who always has taken care of her child suddenly finds her place being taken by the nurses and other hospital personnel, and may react to this situation with further distress or resentment. All of the parents' feelings—anxiety over the illness, relief when the doctor takes charge, and grief over the pending separation—are sensed, but poorly understood, by the child.

Understanding these reactions

As the effect of all these reactions, both on the child's health and the family's well-being, has become better understood, doctors and hospital personnel have re-examined traditional procedures. The admission procedure, for instance, is a crucial one. The first impact of the hospital on the child and his family is usually the entrance hall, which makes this area one of the most important places in the entire hospital. Much of the family's "lost" feeling will be relieved if, on coming into this strange and unknown place, they find that it doesn't look so "different" after all. Comfortable furnishings and colorful decorations can give it an almost homelike atmosphere; a friendly and thoughtful receptionist can convey the feeling that she understands their concerns and will help them in coping with an unknown situation.

The problem is entirely different, of course, when the period of hospitalization has been planned either for diagnostic studies or for an "elective" operation. Then it

becomes important to prepare the child for the experience of being away from home and for the things, many of them unpleasant, which will be done to him. Again, generalizations cannot be made. But in such preparation it seems wise to allow the child sufficient time to adjust to the plan (which is a threat to him) and to pull together his own resources. A few days are usually sufficient for this, and at the same time not long enough to allow the child to mull over the coming event and develop too many frightening fantasies. The effectiveness of such preparation will be modified more by the attitude and feelings of the mother than by what is said to the child. If she is very anxious and tortured by threatening fantasies, or feels guilty about "letting her child down" or sending him away, no amount of reassurance is apt to allay the child's apprehension.

Admission: the first encounter

In most hospitals, children are examined on entrance in an admitting room or suite by one of the resident physicians, in order to plan location and treatment. This admitting examination can be a trying experience for the child and whenever possible should be postponed until he is settled in his bed. Even though the doctor and the nurse are gentle and kind, they are strangers, and most children do better if the mother does the undressing, permits the nurse to help her and holds on to the child's hand while the physician does the examination. However, some children, when frightened (apparently feeling the protection of the mother's presence), give vent to their fears and revolt to such an extent that a satisfactory examination is impossible until the mother leaves the room. Under such circumstances, most children over three years of age will behave quietly when left with the doctor and nurse, not because they are less frightened and upset but because they tend to draw on their own strength when the mother's support is removed.

We believe that whenever feasible the mother and the father, if he is along, should

go with the child when he is taken to his room or to the ward. This initial visit, allowing the mother to get acquainted with the nurses and to see the child's crib or bed, is very reassuring both to her and to the child. When the child sees the mother talk to the nurse in a friendly manner, he realizes that he also can trust the nurses, and when the mother leaves with the reassurance that she will be back tomorrow, the nurse's task in quieting the child will be less difficult. It is natural for younger children to cry as if wounded and angry when their mother leaves them in a strange situation. But if the mother comes to the hospital each day, most children will be reassured and realize that although mother is going away she will come back. They then turn to the people around them for love and protection in her absence. It also helps a child in this age group to have a familiar and beloved object in his crib—the favorite toy or doll or blanket seems to be a tie to home, a consolation in loneliness and a token of the child's identity.

The importance of the crib or bed should be mentioned. The crib seems to represent security, a symbol of mother, home and protection, and recently admitted young children appear to cling to it as one familiar object which surrounds them in a big strange world. But the slightly older child who has graduated to a bed should not be humiliated by being put in a crib.

How will the child take separation?

The trip to the hospital is frequently the first time a child has been so far away from home and his reaction to separation will depend on many factors. The young child is most disturbed by the separation from mother and home. The older one is more concerned with the things that are done to him and is anxious to show that he is an individual of some strength and status. He is afraid that he will be a "sissy" or a "cry-baby." The reaction of the older child may also reflect his idea of what "hospital" means. Some have been to the hospital before and their reactions will be determined

largely by their former experience. The first-time patient may have heard from his playmates what happened to them, how many needles were stuck into them and how much it hurt and about being "cut open." Such stories, enlarged by imaginative minds, may put him in a state of terror at the thought of being taken to a hospital.

The "comprehensive" approach

At the Boston Floating Hospital, a general pediatric hospital, an experiment has been in progress during the past several years in an effort to translate into practice the concept of "the total care of the child." The basic philosophy of this development is the so-called "comprehensive" approach which emphasizes that, for the best results, a sick child's physical, emotional and social needs should all be met concurrently. Once the staff of the hospital became aware of the complex and manifold needs of the child, it was seen that under no circumstances could he be considered as an isolated human being, but must always be recognized as part of the family unit. It became clear to the people who took care of hospitalized children that their feelings, needs and reactions could not be understood unless those of their parents were also recognized.

This "family orientation" is fundamental to the practice of comprehensive pediatrics and is one of the basic principles upon which the mental health program of The Boston Floating Hospital is built. The aim of this program is to alleviate the tension and anxiety created by children's illness and hospitalization. It should be pointed out that while the framework of the program remains the same, details constantly change to meet varying situations.

It is important that everybody who works in the hospital be imbued with a common philosophy. Accepting the whole family as a unit, and starting the "mental health program" when the parents and child arrive at the threshold of the hospital, are essential points. The importance of this general approach by both the professional and non-

professional groups cannot be over-emphasized. From this starting point, certain organized preventive mental health measures emerged, some of which we would like to describe.

Liberalization of the visiting hours was the very first step. The actual policy went through many changes, from more or less restriction of the visiting hours to complete freedom, until the Hospital arrived at its present policy—which is probably not the last one. At present, the daily visiting hours are from 2 to 3 p.m. and from 7 to 8 p.m. Parents who wish to do so may come at both times. Those for whom the hours are inconvenient can get permission to come at an hour of their choice. Those who want to stay all, or part, of the day have to get permission from the child's doctor. The extension of the visiting hours is always granted, but the doctor sometimes feels that some regulation of hours is wise. For instance, the mothers of small children, especially babies, who want to spend the whole day in the hospital, are usually reminded to arrive in time to feed their babies. On the other hand, the mothers of older children are sometimes asked to come after the main meal is over, because the child who at this point may need the food and fluid often does better when not under the mother's watchful and anxious eyes.

Active participation by the mother

The mother who wishes to, may take quite an active part in the child's care. She can feed, hold, and diaper him and perform all the mothering functions to which the child is accustomed. Simple hospital procedures may be performed in the mother's presence. When it comes to more complicated medical and nursing functions, the mother is asked to leave the child's room or cubicle unless she wants, and obtains, the doctor's permission to stay. Medical procedures are generally upsetting to lay people, and more so to mothers. Besides, the mother may be put into an unhappy situation if the protesting child turns to her for protection which she is not able to offer.

One of the latest developments at the Boston Floating Hospital is an experimental "living-in" unit. Mothers sleep in the same room with, or next door to, their children and spend the greater part of the day with them. According to the nursing staff, the constant presence of the mother at the child's bedside is sometimes a challenging, but in general a rewarding, experience.

One may ask why, if permission to stay is granted so easily, visiting hours should not be completely free. Perhaps the answer lies in the fact that there are always some situations in which restriction is advisable. Sometimes, because of the nature of the mother-child relationship, both parties become more relaxed when they are not constantly together. Also, there are times when the mother needs to feel that limited visiting hours are the regular and accepted thing; otherwise she may be torn between the desire to stay with her sick child and the knowledge that the rest of the family needs her at home. While the child is very sick, he comes first, of course. But once he is on the road to recovery, the mother also begins to feel the pull of other duties. In this case, realistic restrictions become helpful in handling the child's demands and they alleviate the mother's guilt about not being able to stay with him all day long.

The play program is important

Another important feature of the hospital's comprehensive approach is the Play Program. The play staff is interested in every child in the hospital. The play teachers make their rounds in the morning, stopping at every bedside and giving toys, games and books to the children. Patients who have medical permission spend most of their day in the playroom. The playroom service is essentially a non-directive activity program supervised by trained nursery-school teachers. The child is given adequate space and play material and freedom of choice in using them. This environment places the emphasis on the healthy part of the child and we feel that the wide range of choice in play activities helps children to

work out anxieties caused by hospitalization.

The hospital's Child Guidance Unit, through its close working relationship with the doctors and the members of the social service and nursing departments, keeps track of what goes on in the playroom and on the wards. The child psychiatrist visits the playroom frequently and is always ready to discuss with the teachers problems relating to their charges. Sometimes the psychiatrist is asked for direct participation, but in most cases she acts only as a consultant and coordinator.

Children have their own resources

In the foregoing, we have noted some of the meanings of illness and hospitalization, have pointed out that it is, potentially, a traumatic experience and have described certain aspects of a program which is geared toward helping the parent and the child. However, many adults, thinking back to their own childhood, will recall hospitalizations which were quite different from today's ideal, and still not feel that they were significantly hurt by the experience. Likewise, children today may spend days or weeks in excellent hospitals without benefit of all of the helpful measures described above and yet, a few weeks after they go home, seem to be unaffected.

That is true especially with older children who can understand reality and who have faith in themselves and in others grounded in a satisfactory relationship with their parents. The older child may say "I am a big boy," mustering his own courage and self-reliance, and also may be flexible enough to use the emotional support offered by a nice nurse, a kindly doctor or even by another child patient. The parent is helped through this trying period by trust in the doctor's judgment and in the competence of the hospital. When the parent and the child meet, they may pool their strength instead of sharing anxieties. Thus, even where the circumstances fall short of the ideal, hospitalization is not necessarily a traumatic experience for a child.

The family whose child will need home care for a long period needs help with the various problems that arise. Dr. Cohart, Professor of Public Health at the Yale University Department of Public Health, tells of community resources that stand ready to offer vital aid

Where to turn for help with

the convalescent child

By Edward M. Cohart, M.D.

The thoughts expressed in this article grow out of the experience of the staff of a large city health department with a program for handicapped children. This experience has taught us that, though hospitalization may loom to parents as the most critical part of a child's prolonged illness, the return to his home and to everyday living poses special problems with which they may need a good deal of help.

There are many resources that can add greatly to the success of a child's convalescence, promoting his return to normal life and giving his parents both the practical aid and emotional support they are likely to need during this period.

The child should have continuing attention to his medical, psychological, social and educational needs. First, he should have the benefits of general pediatric care as well as medical supervision for his primary illness. Because the child has one major disease does not mean that he is immune to other health problems, and in fact such children may be more prone than the average to develop complications. Johnny's

heart or his leg or his back may be coming along fine, but there is more to Johnny than a limb or an organ. We must not focus our attention on the disease to such an extent that we forget about the whole child.

The importance of medical follow-up in the home cannot be stressed too strongly, since our experience has shown that it is often either inadequate or non-existent. One must never lose sight of the fact that the condition of the patient with a prolonged illness does not stay the same, even though changes may occur at a much slower pace than changes in acute illness. Also—the child himself is growing and should be helped to find new challenges, as well as to cope with new problems. For this reason it is essential that the original treatment and management of the child be altered from time to time, and that the medical follow-up be made at intervals geared to the individual child's progress at each stage of his convalescence. Often when children have been in the hospital a number of times,

a treatment regimen has been set up. But at home, modifications of this plan will have to be thoughtfully worked out.

To arrange the best possible conditions for the child may put quite a burden on the parents and on the whole household. Fortunately, it is often possible not only to improvise home facilities that will serve the purpose of the more elaborate hospital equipment, but to arrange with one or more community agencies to furnish the needed services. The visiting nurse association, the rehabilitation center, the health department, the voluntary health agency, or the hospital itself may be of assistance. They may be able to help with the design and construction of the needed equipment or to furnish such equipment on loan. The public health nurse in the health departments and visiting nurse associations is prepared to provide many services in the home. In many localities special therapists, such as physical therapists, occupational therapists, and others, belonging to one or another of the previously mentioned agencies, can also help with home care. Working under the direction of the doctor, they will come into the home to perform necessary services themselves or to teach a member of the family how to carry on.

The importance of good nursing

It has often been said that good nursing care is one of the most important components of good medical care; this is especially true in prolonged illness. Frequently, when a child returns home from the hospital, his nursing care is not fully discussed with the family; more often, the family may be told *what* to do but not *how* to do it. Many of us in the medical profession are apt to assume a level of understanding and technical competence which does not always exist among laymen. We do not take the time to explain to our patients and their families exactly what it is we want them to do, why we want them to do it, and how it is to be done.

In this situation, too few families know where to turn, and often struggle along

needlessly without the expert help they could get. For instance, the public health nurse is prepared to do a number of things. Besides offering the nursing and teaching services we have mentioned, she may suggest practical modifications of the nursing procedure to meet varying conditions in the home. Often she takes over the functions of the social worker, physical therapist, occupational therapist, and nutritionist when the services of these personnel are not available.

A resource sometimes overlooked

To the family confronted with the care of a sick child at home, the services of a public health nurse can mean the difference between a confident, skillful approach and an unsuccessful and harassing experience. Despite the contributions that the public health nurse can make in this situation, it is surprising how often her services are not used, either because the family does not understand the many ways in which she can help or erroneously thinks that her services are limited to families in certain economic brackets. This latter misconception is very common, and has deprived many families of a valuable ally in their effort to give a convalescent child careful attention, while at the same time keeping the home atmosphere as normal as possible.

Feeding problems

In a lengthy convalescence, feeding problems often arise. The child's enforced inactivity and restricted social stimulation, coupled with the direct effects of his illness, may make him indifferent towards food, especially when a special diet is required for medical reasons. Some visiting nurse associations and health departments provide the services of a nutritionist who can suggest different ways of preparation or substitute foods that will excite the child's interest and appetite. Where they do not, arrangements can sometimes be made with the hospital for consultation with a nutritionist.

When the care of the sick child, in addi-

Parent-Teacher anniversary

News of the 50th anniversary of the *National Parent-Teacher*, official journal of the National Congress of Parents and Teachers, marks an important milestone in the annals of parent education. CHILD STUDY salutes a fine editor, Eva Grant, and extends a grateful "Well done!" to a publication whose first half-century of service has strengthened—and given vitality to—an entire movement.

tion to her other family responsibilities, makes demands upon the mother which she cannot meet, it is possible in some communities to arrange for homemaking assistance through one of the social agencies. A more unusual arrangement provides short-term care for the child in a convalescent institution, to give the mother the chance to regain physical and emotional strength. While this may be desirable for all concerned, it should be remembered that the child will probably need some sympathetic preparation for even a temporary change.

A disabling illness in a child is apt to wreak havoc with the emotional stability of the family. Family relations involve complex emotional reactions even under ordinary circumstances; an extended period during which one child needs special care often reinforces these emotional problems and sometimes creates new ones. The feelings of the various members of the household are reflected in ways which may either speed or retard the child's convalescence. They also have important effects upon the other members of the family.

The dangers of overprotection

One of the most commonly encountered patterns of behavior in such a situation is that of the family's overprotection of the sick child. Many parents—and sometimes other members of the family—tend to shield the convalescent child from his environment, both material and human, to a much greater extent than his illness warrants. This

emphasizes and perpetuates the child's dependency, which has already been stressed by the illness itself. No one would argue that a convalescent child be pushed too fast in the difficult task of giving up the special privileges and attention he has become accustomed to. But maximum recovery is achieved only when the child readjusts himself to a normal everyday mode of living. Neither parents nor brothers and sisters can do this for him. Overprotection is a disservice to him: at best, it will prolong his convalescence; at worst, it may permanently damage the child's chances of making an appropriate adjustment to life.

The objective look

It is well-nigh impossible for any of us to evaluate our own behavior objectively in an emotionally charged situation; and the family involved in the prolonged care of the sick child at home is certainly no exception. Psychiatrists, psychologists and social workers are trained to help us make these evaluations. The social worker can be of assistance in assessing the emotional atmosphere of the home and its impact on the child. Every family faced with this problem should have the benefit of at least one visit by the social worker soon after the child returns home.

If the relationship between the family and the child is found to be slowing the child's convalescence, the social worker may be able to work with the family to correct this situation, or she may refer the family to the appropriate community resources for help. Social service in the home can sometimes be obtained from, or through, the Social Service Department of the hospital, the community family service agency, or other social agencies. Where a social worker is not available, again, the public health nurse can often be of assistance.

Recreation is a vital aid to convalescence, and the child facing a lengthy recovery period should have such opportunities as his condition will permit. Here again the experienced public health nurse or the so-

cial worker can help. Also, the importance of continuing his education has long been recognized. Most school systems have a program of home instruction in which a teacher is assigned to work with the child at home a number of hours each week.

In a very small number of communities, organized home care programs have been established which offer many of the services discussed above, under one administrative aegis. Sometimes, medical care, as well as supporting service is given. In other places, the supporting services are provided, to be used at the discretion and under the direction of the private physician responsible for the medical care of the child.

Although highly-organized home care services are relatively rare, it is almost always possible to obtain a number of them if community resources are energetically explored and properly used. In our smallest communities, the public health nurse may have to "double in brass," as nurse and

social worker, nutritionist and physical or occupational therapist. It is often gratifying to see the willingness with which she undertakes these many responsibilities and the competence with which she discharges them. In our larger communities, resources are, of course, more plentiful. But more often than not, these resources are not tapped — not because they are not needed or not available, but because parents do not recognize their contribution to the care of the sick child, or know how to go about finding them.

Let us repeat: proper care of the child with prolonged illness in the home entails attention to his physical, psychological, social and educational needs. The parents and the physician share the responsibility to see that these needs are met, but there are many skilled and willing workers to help them. The means are at hand. Perhaps this article will point the way to a better use of them.

Sure favorites—in home or library—are children's books by these *Oxford* authors

GLADYS ADSHEAD • EDWARD ARDIZZONE

CATHRINE BARR • RUTH and LATROBE CARROLL

JIM CORBETT • MAUDE CROWLEY • PELAGIE DOANE

MARGHERITA FANCHIOTTI • ELEANOR FARJEON

ALICE GALL and FLEMING CREW • LOIS LENSKI

DOROTHY and NILS HOGNER • ELIZABETH RIPLEY

BARBARA LEONIE PICARD • ROSEMARY SPRAGUE

ROSEMARY SUTCLIFF • EDWARD TRIPP • TASHA TUDOR

Send for free illustrated catalog

OXFORD UNIVERSITY PRESS, Inc., 114 Fifth Ave., N.Y. II.

The public health nurse:

a member of the mental health team

By Ilse S. Wolff, R.N.

The public health nurse, traditionally a friend of the family, has an added function today: prevention. How her friendly, expert guidance can help to forestall trouble is described by Miss Wolff, Mental Health Nurse Consultant at the Connecticut State Health Department

Whenever the popular subject of mental health and its role in child-rearing is discussed and we think of the people who could help parents in this area, our thoughts usually turn to the psychiatrist, the psychiatric social worker or the case worker with good psychiatric grounding as the main resource people and potential counselors of parents. And rightly so.

However, in recent years we have broadened our thinking about mental health. We have put our emphasis upon prevention, especially on the very early level. We realize that by the time questions and problems between parents and children come to psychiatric attention, a disturbed relationship has already grown up which might have been straightened out in the early stages.

We feel the need for a much larger number of trained specialists, but are well aware of the fact that mental health efforts cannot wait for the time when thousands of psychiatrists, psychologists and psychiatric social workers will be trained, and when the general public will use their services as matter-of-factly as they now turn to the expert in physical illness.

Thus it is good news that a new approach has been developed whereby everybody whose business is dealing with people is on the mental health team. We began to think

of the physician, the minister, the teacher, the foreman, the policeman, and certainly the nurse, as key people. Each of these groups has its own specific sphere of influence, and it is essential that each of them is aware of its role. In this article we would like to consider the contribution of the public health nurse, who has the double advantage of coming to the scene early and, by and large, being really eager to play her part in a preventive mental health program.

Who is the Public Health Nurse?

Dr. Richardson describes the Public Health Nurse aptly when he says:

"The Public Health Nurse bears a resemblance to the doctor in her interest in medicine; to the bedside nurse in her basic training; to the medical social worker in her knowledge of the community and its medical resources; to the family case worker in having a base in the community and an interest in the family as the fundamental unit of practice. The difference which is constant for all of these is her interest in prevention through which she gets into action earlier than the others, often before the disturbances of the family equilibrium have taken the form of an illness."¹

¹ *Patients Have Families* by Henry B. Richardson, in "The Commonwealth Fund", New York, 1948.

She is known under different names; she may be called community nurse, visiting nurse, county nurse, state nurse, public health nurse, and these different names may or may not mean a difference in the type of service she renders. She may be employed by a tax-supported agency like the city or the county health department, by a Red Feather agency, or by a combination service jointly administered by an official and a non-official agency. She may offer a broad, generalized service, including bedside nursing care in the home, and health supervision of expectant mothers, infants and pre-school children, while acting at the same time as the school nurse in the community. She may be active in the control of tuberculosis and other communicable diseases and carry out the duties of an industrial nurse in small industries which need part-time nursing service for their employees. Or she may specialize in one kind of work and carry out only a part of these and other duties.

A natural point of contact

Whatever the specific conditions of her work may be, the public health nurse comes in a natural, easy manner into the lives and homes of a great number of people. It is not usually an acute emergency that causes her visit; as a matter of fact, public health is rarely dramatic—nothing, as Dr. Richardson puts it, “to write home about . . . The essence of prevention is that nothing untoward happens.”² Nevertheless, she is present at a crucial point in the life of a person or a family: sickness, frequently nowadays the long siege of chronic illness closing in; a new life in the process of being created; a brand-new baby to love, to care for, to worry about. She brings to these situations certain skills, experience and knowledge of an immediately convincing, practical nature, which provide an easy entrance and make her a person to be known and trusted by a large percentage of the population.

While the public health nurse has enough

professional status so that she is usually listened to with a certain amount of confidence, this is not so awesome that people hesitate to speak frankly to her. Dr. Gerald Caplan³ speaks of the nurse's special effectiveness as arising from her *closeness* to people, and points out that in many countries the nurse is called “sister.”

Knock at any door

The public health nurse has been making the rounds in the cities and towns, the farm-houses and hamlets for more than 50 years. Fifty years ago her task was to fight death, disease, and poor sanitation. Today, though by and large a healthy baby crop is raised in the U.S.A., childbirth has been made so much safer, and most young interns and nurses have never seen a case of diphtheria or childbed fever, her day is not less busy. But it is filled with different tasks, and her visits in the homes, her work in the clinic and school and in industry have a different emphasis.

How is the day of a public health nurse spent now? Let's take a visiting nurse, employed by a Red Feather agency, and follow her rounds. More than probably her morning will be filled with bedside nursing care—patients with heart and vascular diseases, cancer, diabetes topping the list. Depending on the town and district she works in, she might visit in the housing projects, in the slums, in the so-called best neighborhoods. (It may be interjected in this connection that public health nursing agencies charge a fee, based upon the actual cost per visit, from those who can pay it, with provision for adjustment for those who can only pay part of it or cannot pay at all. It is a common misconception that public health nursing is a service for only a segment of the population, the underprivileged.) With the few exceptions of patients living in rooming houses or otherwise alone, she will meet family groups. Suppose grandmother, who has had a stroke, lives with her married daughter and a family of young chil-

² Ibid.

³ *The Mental Health Role of the Nurse in Maternal and Child Care* by Gerald Caplan, in “Nursing Outlook,” January 1954.

dren. The nurse is trained to consider the family group as her unit, and while she comes to give Grandma her bath and her massage and exercises, as she teaches the daughter to care for her in between her visits, she feels responsible to see to it that family life does not suffer unduly. Petey, age five, is getting very whiny and underfoot. His mother, who has her hands full, regards him as nearly a man, as compared with Barbara, age two-and-a-half, and the baby of seven months. When the nurse, in packing her bag, remarks to the mother that Petey seems out of sorts nowadays, it is as if she has opened a floodgate. He was such a good little boy, the mother says, and now he is getting really mean, actually hurting the baby if she leaves them alone; and while he was completely trained and knows better, he wets his bed now every night.

The nurse is aware that these are symptoms of stress and that there are no hard and fast answers or recipes to solve them. In many cases she will find that her attentive and sympathetic listening, her warm and non-critical interest, do much to break the vicious circle between a mother, who may be demanding too much at a given time and is disappointed in her child, and the child who responds with unhappiness and slipping backward. If the trouble is more basic, she may use her friendly relationship with the family to make the idea of outside help acceptable and desirable.

The importance of prevention

We have described here a situation of secondary prevention, because already there was some trouble brewing. The most important part of the public health nurse's health guidance is primary prevention; it is "anticipatory guidance," a somewhat cumbersome and awe-inspiring term, which really means just forewarning, helping parents to know what to expect next. She has a good opportunity to do just that in our family, because the baby, still indiscriminately friendly and jovial now, will soon notice the difference between kin and strangers—a compliment to his intelligence as well as to his family

loyalty but nonetheless something which often distresses mothers. It will be comforting for the mother to hear that Barbara, who says "no" as the first word upon awaking is not getting mean, but just finding herself as a person who has a will of her own. She might also inquire whether the daughter has a babysitter—it is important for her to get out with her husband once in a while. This all is as much a part of public health nursing as the injection, the bath, the exercising of weakened muscle. It is time-consuming and explains why the public health nurse of today is kept busy in spite of the improved health of the population.

Her afternoon might include a visit to an expectant mother. Here, if anywhere, anticipatory guidance is indicated, especially if this is the first baby. One is reminded of the story Cornelia Stratton Parker⁴ tells, when she enlisted the advice of Sigmund Freud on her projected classes for mothers, in an early attempt in 1923 at organized parent education. Upon his objection that it would be too late, as the mothers coming to her would already have started their children wrong, she announced with some pride that these classes were for expectant mothers and that she would be able to exert an influence upon the babies not yet born. "It won't do any good," he repeated. "You would have to get the mothers before they were born." This actually is what public health nurses are attempting, for many of the oldtimers are attending the second generation in the same family.

Any starting point a good one

The nurse feels confident that any starting point is a good one, but that an especially good one is when a new life begins again. Again the point of departure is the nurse's interest in the mother's physical condition, her appetite, sleep, physical exercise, and weight. She knows that pregnancy is a time of changing emotions and ambivalent feelings and that in most women the joy of ex-

⁴ *Wanderer's Circle* by Cornelia Stratton Parker, Houghton Mifflin Company, Cambridge, 1934.



A MAN IS KNOWN BY THE COMPANY HE KEEPS A COMPANY IS KNOWN BY THE MEN IT KEEPS

Every one of the men who represent Spencer Press to schools and libraries is an experienced, successful educator. These men have not abandoned their academic careers. Rather, they are extending and broadening their service in the education systems of their respective states. Teachers and librarians can be sure of competent and helpful counsel in a specialized field of education from their Spencer colleagues.



OUR WONDERFUL WORLD

Herbert S. Zim
Editor-in-Chief

THE AMERICAN PEOPLES ENCYCLOPEDIA

Franklin J. Meine
Editor-in-Chief

THE CHILDREN'S HOUR

Marjorie Barrows
Editor-in-Chief

SPENCER PRESS, Inc.

School and Library Division,
N. H. Gilbert, Director
179 N. Michigan Avenue,
Chicago 1, Illinois

A Publishing Affiliate of Sears, Roebuck and Co.

Advertisement No. 5614 from Lester L. Jacobs, Inc.
6 1/2" x 10" — GRADE TEACHER, INSTRUCTOR, SCHOLASTIC TEACHER,
STATE TEACHERS MAGAZINES, OFFICIAL CATHOLIC DIRECTORY
5 1/2" x 8" — ALA BULLETIN, CATHOLIC LIBRARY WORLD, CHILDHOOD EDUCATION,
CHILD STUDY, EDUCATIONAL LEADERSHIP, LIBRARY JOURNAL,
NATIONAL ELEMENTARY PRINCIPAL

pectancy is accompanied by an undercurrent of apprehension concerning the coming events which truly will change her life forever. Being aware of these mixed feelings, the nurse will react sensitively to expressions of doubt, uncertainty, and fear. She will try to reduce concern about the unknown: the hospital and its procedures, the mechanism of birth, the mode of anesthesia to be used, etc.

She may have to listen somewhat more intently and with "the third ear" to catch undertones of which the mother-to-be herself is only fleetingly aware: "What kind of a mother am I going to be? Is it really happening to me? Everything seems so unreal; one moment I want it, and the other moment I wish it had not happened." If the mother feels understood, and sees that her concerns are not belittled, she will be reassured by a feeling of kinship with the millions of women undergoing the same experience. The nurse nowadays might invite the mother to attend one of the classes for expectant mothers or parents conducted by her or another public health nurse. Group teaching of that kind is gaining momentum, not only because it is more economical to teach ten or fifteen mothers together instead of one by one, but because people in groups come out with different answers which have more significance for them and are more likely to be translated into action. The nurse will be counted upon to provide facts and material for discussion, as well as to demonstrate certain nursing skills, letting the parents get "the feel of it." This provides real reassurance.

The child health conference

Another much-used opportunity to reach groups is the child health conference, in which the public health nurse and the pediatrician, in conjunction with volunteers, periodically evaluate the child's health status, and give immunizations and parent counseling. In most clinics, the criterion for admission is that the parents cannot afford continuous private pediatric service for their children. The physician is unquestionably the

leader of the conference team, but again the mothers see the public health nurse as a helping link and as being "close." "The doctor tells you what to do and the nurse tells you how to do it,"⁵ was the spontaneous phrase used by one mother to describe their respective roles.

Cooperation between physician and nurse takes on different forms in different conferences; often the nurse interviews the mother before she sees the physician. He is to many mothers a "status" person, not to be bothered by "trifles" like John's recent orneriness, Mary's crying spells whenever she is put on the potty, or Billy's habit of fighting sleep and acting scared as soon as the lights are turned out. Problems like this are more easily brought to a nurse who is good at listening and helps to bring the story out by well-timed questions. If a mother needs more time than can be given in a conference, the nurse will visit the home. Such a home visit often reveals difficulties of an objective or subjective nature which may be preventing a particular mother from using the advice, reassurance, or practical suggestions given.

All in a day's work

The examples given are representative, but in no way cover the field. The mother of the newborn, with her own folks miles and miles away, as is often the case, is a very receptive client for public health nursing service. There are few services as gratifying as helping a young couple (because the father is not the forgotten man, though, as any public health nurse will tell you, it is very hard to meet him at home between eight and five). Steering them through the uncertainties and fumbling of the first few weeks with the baby to the full enjoyment stemming from self-confidence is a satisfying experience.

The nurse in the school finds many children whose frequent appearances in her office signify that they need a friend, whether their troubles are physical or emotional.

⁵ Reasons for Attending Child Health Stations, by Mary L. Foster, in "Public Health Nursing," March, 1952.

In visiting children with temporary or chronic illness, the nurse has an opportunity to help lessen the threatening and painful aspects of this experience. Even with a rheumatic heart or diabetes the child still has to be seen as "a child first" and all the necessary modifications of his life have to be made with this consideration constantly in mind. Referral of a child to a hospital is not a routine procedure today for the public health nurse; it requires all of her skills in "anticipatory guidance" and interpretation to both parents and child. The saying that most people can stand what they understand is especially true for children.

These, and many other situations, are all in a day's work. They have nothing to do with therapy or the re-shaping of other people's personalities and lives. But they have to do with "the normal problems in the normal experience of normal people."⁶ Those problems need to be identified, understood, and dealt with as they occur. The infinite variety of these situations means that the Public Health Nurse's contribution is limited only by her own vision, her understanding of her function, her knowledge of human nature (her own uppermost!) and her willingness to make herself available to the people who need her.

The know-how

How does a public health nurse acquire these prerequisites? Some of them have to do with knowledge and understanding of the wide fields of public and mental health; some with her own personality which, like any other member of one of the helping professions, she has to develop and use consciously as part of her professional equipment.

The schools of nursing have broadened their curriculum considerably within the last 10 years. They have made room for sociology and psychology. Courses on growth and development have gained momentum, focusing on the well child in order to understand the sick child and not vice versa,

and utilizing a one-week to two-months experience in a nursery school for normal children. For some time, accredited schools of nursing have been required to give the student a minimum of three months' work in a psychiatric hospital. This will not make a psychiatric nurse out of her, but will give her an opportunity to learn something about how the human mind operates, defends itself, strives for equilibrium and deals with stress. The class instructions are designed to afford her more insight into herself, as well as a deeper understanding of human behavior in the so-called normal person.

New teaching methods

Knowledge, of course, is not everything. It depends on how this knowledge is conveyed, since the finest course in interpersonal relations will be convincing only if it is given in a climate of freedom and respect for the learner. It is fortunate that the progressive schools of nursing have shaken off a good deal of the military tradition of the earlier days and that many of the features of modern education, as for instance, student government and guidance programs, have been adopted by them.

Over and above what the nurse learns nowadays in her basic training, a fully qualified public health nurse has to have either a degree from a university program in nursing, approved by the National League for Nursing for its public health nursing content, or at least one year of study in a program for public health nursing also approved by the League. Programs of either kind contain, among other subjects, mental health, personality structure and development, cultural and anthropological factors, counseling, interviewing, and group dynamics.

Because so much depends on the public health nurse's personality, her relation to people, her appreciation of human effort and sympathetic understanding for human frailties, it is essential that she find good leadership and an opportunity for personal and professional growth. It is generally

⁶ *The Trials of Normalcy* by Iago Galdston, "Mental Hygiene," January, 1936.

recommended that in addition to academic preparation, the public health nurse work at least two years under qualified supervision. This is an additional safeguard to ensure professional competency and a disciplined use of herself.

Some question has been raised at times as to whether the functions of the public health nurse as a family counselor and friend make her intrude into the field of so-

cial work. It would rather seem that they give her unchanging role on the health team a deeper meaning and a wider scope. We need nowadays nothing so sorely as the care and protection of our human resources. As in Biblical times, "the harvest truly is plenteous, but the laborers are few." We cannot miss any team member who is willing and capable of being a friend to parents and families.

Rooming-in —a decade's experience

By Margaret C. Dawson

That a newborn baby should stay close to its mother was taken for granted for centuries. Yet a decade ago, this was not possible in U.S. hospitals. In 1946, a "new" program called rooming-in was introduced. Reports from two hospitals indicate progress and problems to date

Exactly ten years ago, as this article is being written—in October 1946—an experimental unit was added to the maternity services at the Grace-New Haven Community Hospital in New Haven, Connecticut. This unit was a converted solarium with four cubicles and a partitioned-off night nursery with nurse's station. The walls were painted a soft rose, the curtains were of gay chintz. The partitions between the cubicles were glass above 30 inches, with draw curtains, and stopped three feet short of the ceiling to allow for good ventilation and light, and easy communication, but also to permit privacy when wanted. In each little roomette thus created there were, besides the usual hospital bed and other necessary equipment for maternity cases, a basinet and a storage space for supplies for a baby—and it was these items, as well as the comfortable, homelike atmosphere of the whole arrangement, that told the story. For this was a

pioneer experiment in the application of a new idea: rooming-in¹.

It has many times been pointed out that having a baby remain close to its mother during the first days of its life is not a new practice, but one as old as the race. Nevertheless, it was a break with hospital routines prevalent in this country for the last four decades, which decreed the separation of mother and child except at scheduled feeding hours. In any case, the novelty of the procedure is not so much of interest today as its present status after a ten-year trial. Is it still advocated by those who introduced it? Have mothers (and fathers, too) benefited from it? Does it seem to help the baby get a better start?

¹ A series of single-room experiments had been carried on here since June 1944. Other early hospital experiments with rooming-in were made on a small scale in the George Washington University Hospital in Washington, D. C., in private rooms as early as 1941; and in the Los Alamos Hospital at the Atom Bomb Project from 1943 to 1947. In 1948 the new George Washington University Hospital became the first modern hospital to be planned and constructed with various types of rooming-in accommodation on the maternity wing.

Do hospitals find it an administrative burden or a convenience? How do nurses react to it? Are there discomforts or disadvantages connected with it? Is it a goal toward which more parents and hospitals should work?

Programs and philosophy

The answers to many of these questions demand data as yet not available. This article can only attempt to give some reflections on the program as it now functions in New Haven and in a New York City hospital and to review some of the philosophy and history behind such programs wherever they have been instituted.

Like most ideas with a future, rooming-in had a complex origin: no one person "thought it up." The term itself was first used by Gesell and Ilg in their book *Infant and Child in the Culture of Today*, published in 1943. The concept received important impetus from an article in the Winter 1944-45 issue of *Child Study* called "Two Mothers Revolt" by Frances P. Simsarian and Roberta W. Taylor protesting against separation of mother and baby under hospital rules. Dr. Edith B. Jackson, who directed the Yale Rooming-In Project at Grace-New Haven Community Hospital, says that she first heard mention of a hospital plan for rooming mothers and infants together from Dr. John Montgomery of the Cornelian Corner in Detroit at a meeting of child development specialists in 1938. It was, Dr. Jackson says, "in the air."

Several factors, besides general interest, propelled the idea out of the realm of talk and into that of experimental action. First, it fitted well into current psychiatric concepts which were then stressing (perhaps even overstressing) the effect of a child's early experiences on his future development. Second, a number of mothers, like Mrs. Simsarian and Mrs. Taylor, were strongly stating their objections to the impersonal, routinized atmosphere of the whole hospital experience and to what some called the "cruelty" of the separation

from their babies. Third, there was growing interest in flexible feeding schedules, and it was obvious that here was a natural and practical tie-in between the "demand" feeding prompted by nature and the nearness of the baby to his mother.

It was particularly thought that rooming-in would offer encouragement to the mother who wanted to breast feed her child, since patient and repeated help from the nurse is often a great asset in helping the mother to breast feed successfully. In the New Haven project the mother's desire to breast feed was at first made a prerequisite for admission to the rooming-in unit. This criterion was dropped when a second rooming-in unit was opened, as it was found that mothers intending to bottle feed were just as anxious to have rooming-in, and derived as much satisfaction from it. Now, about half the rooming-in mothers there breast feed their babies.

The basic assumptions behind the rooming-in plan in New Haven, as stated in a report by New Haven staff members, are "that a mother's satisfaction with herself and with the attention and care bestowed upon her (by husband, parents, members of medical and nursing staff) is the best guarantee for her inclination and ability to satisfy and comfort her baby; . . . that the infant's contentment not only bolsters the mother's self-confidence, but is the first requisite for his unimpeded growth and development . . . for his uninhibited capacity to learn, and for his gradual acceptance of the disciplines and demands imposed by family and community life." This philosophy is also that of the rooming-in program of the Lying-In Hospital, a unit in that vast medical center known as The New York Hospital—and of other institutions where the method is now used.

A small seed

It may be wondered whether these are not rather lofty goals to strive for, especially in the shortened maternity hospital stay of today, which may be only five days in the New Haven Hospital and covers an aver-

age of six to eight days at the New York Lying-In. Perhaps; but the quality of human relations cannot be measured in terms of time. If rooming-in sows only a small seed of assurance and relaxation, of family unity and warmth, it proves its worth.

Miss Verda F. Hickox, Head of Obstetrical and Gynecological Nursing Service at Lying-In, and an ardent believer in the rooming-in program which she has guided since its inception, puts it this way. The let-up, she says, serves to "introduce" the baby to his mother; to give her more confidence in her own abilities; to prevent the fragmentation of the family which occurs when the mother and baby are treated as separate units, so to speak, and the father is a virtual outsider (for fathers, as we shall see, play a vital part in the rooming-in scheme of things); to give the mother some information about the care of the baby and of herself both during and after the hospital stay; to give her a chance for observation and actual practice in the care of her baby while there is someone available to help her with every step; to introduce her to community resources that she may turn to after she leaves the hospital; and to make a plan for the continued care of the baby.

Introduction to the baby

Why does a mother need an "introduction" to her own baby? Because, for one thing, each baby has his own reactions, temperament, rhythms. Something that is just "his way," may seem to the mother a startling deviation from what she imagines is "normal." Why does he "startle" that way at some sounds when her neighbor's child sleeps on peacefully? Does the mottled look of his skin mean that "something is wrong"? The unexpected sneeze or hiccup—have they some ominous significance? The baby may spit up, or have a bowel movement of a color that seems very strange to the inexperienced mother. Where there is a skilled and interested nurse at hand to give her individual attention, questions are more readily asked by the mother—and if they are not, the watchful nurse may slip in an

observation as she works with the baby, or unobtrusively guide one of the informal discussions that so readily spring up among mothers in the friendly setting of a small room and a shared interest. A mother recently interviewed about her rooming-in experience said:

"As far as the baby [goes], I think it's kind of important to get used to it. Some like to be held more, and you have to know your baby, and it seems to me you have to know them very soon or they're going to be miserable, and you're going to be miserable if you don't know which cry means what, and you keep shoving food at them every time they cry."²

Introduction to motherhood

And there's another side to it which concerns not so much, perhaps, getting to know your own baby as being introduced to motherhood itself. A nurse, speaking of this aspect, said:

"Most people, and mothers too, have an idea that mother love just sort of turns on like a tap. It doesn't work that way—and they get to feeling very guilty and anxious about it, and they think they're a freak because they don't feel the way they ought about their baby. I think a whole lot of them go through that and don't say anything. I think you can do an awful lot to help them, and to ease them through if you just have an idea that somebody is going through something like that. If you can sit down and start talking to them, and sort of get across that most mothers do go through that kind of experience—that it's normal. And if they let themselves have the time to get used to the baby, and to discover that the baby is a person, they'll learn to love their baby—but that it does take time, and they shouldn't feel upset about it if it does."³

There is also the question of the well-known post-partum blues, which call for

² Quoted from a verbatim interview in *Nurse-Patient Relationships in a Maternity Hospital* by Marion S. Lesser, M.A., and Vera R. Kean, B.S., R.N., C.N.M., published by the C. V. Mosby Co., St. Louis, 1956.

³ Ibid.

understanding support from the nurse, doctor and family. As one nurse remarks: "I don't think people appreciate how high a woman is emotionally, when she's ready to give birth. It's a very high spot, and she comes way, way down."⁴ The young mother is fortunate who is told sympathetically—and not too briskly—that this is a passing phase.

Rooming-in helps the father, too

It is not only the mother who needs introduction to the baby, and it is one of the great advantages of rooming-in that it gives the father a much better chance to feel that the baby is his, too—to indulge his pride and show his tenderness and learn the first steps that can make its future care more of an enterprise to be shared by him and the mother. The father whose first real family experience in the home is that of helplessly watching a flustered and nervous wife care for a "little stranger" may find the glow of fatherhood a bit dimmed. Rooming-in aims—though it cannot guarantee—to prevent this from happening.

In the Lying-In Hospital's program, fathers may see their wives and babies after delivery, and at any visiting hour thereafter, from three to four in the afternoon and seven to eight in the evening—the evening hour is reserved solely for fathers. In the New Haven rooming-in, there are also two visiting hours, one in the afternoon and one in the evening, but only one visitor—either the father or grandparent—is allowed by the bedside at any given time.

In both hospitals the father, after washing his hands and putting on a gown, may try his hand at holding the baby, bottle feeding it, bubbling it or perhaps changing the diaper. He will no doubt be interested in the baby's day chart, which in the Lying-In is the nurse's responsibility but may be kept by the mother too, and which shows the baby's activities, weight, feedings, times of bowel movements. Or he can just sit and get used to his baby and learn a bit what

to expect of this mysterious little creature and begin to sense what it will be like for him and his wife to be a father and a mother. This is quite a different matter from peeking at a squirming bundle through a glass pane and then going to visit at his wife's bedside. The father of a baby born in the New Haven Rooming-In unit said, "It is a tough experience for a father who has known and loved his wife and then cannot see either his wife or baby for a while, and then, afterwards, the baby most infrequently. I believe it can be the cornerstone to start differences in the family—where the baby belongs to the woman alone, where the father is excluded . . ."⁵

Some questions

So far, this report has reflected the enthusiasm of both staff and parents participating in the two programs referred to. The literature about rooming-in is full of glowing reactions from mothers—who often choose to repeat the procedure with second, third and fourth babies. There does seem to be, as one parent said, "an aura of happiness" about it. Yet for all this, the mother-to-be may hesitate to choose this system. She may have many questions—the most frequent one being: "Won't it interfere with my rest?" She may think that the learning process which is part of rooming-in will be too much of a chore and will spoil the little holiday she badly wants before assuming home responsibilities. Many wonder how, in a week or less, they can learn anything they can't pick up quickly at home with the help of relatives, doctor or visiting nurse.

To give such people some further basis for deciding, it may be useful to review the rooming-in process step-by-step as it is carried out in the New York Lying-In. But before doing so, it should be said that no one who feels a real resistance to rooming-in, even when she knows how it works, should feel that she "ought" to choose it. As with breast feeding and "natural" childbirth, there are legitimate differences in in-

⁵ Report on a panel discussion reprinted from "Journal of the American Medical Women's Ass'n," Vol. 9, No. 3, March, 1954.

dividual reactions to this idea. And with rooming-in, the whole point—to send home a mother and a baby who feel comfortable together and a father who feels part of the team—would be lost if strong feelings of reluctance were involved. Moreover, facilities for rooming-in still are not widely available, and most parents will have to continue, as in the past, to swing into the rhythm of family living without benefit of this short period of preparation.

Program at the Lying-In

At the Lying-In hospital, then, the steps are somewhat as follows. We say "somewhat" because it is a basic principle here that no mother shall be pushed into doing things before she wants to—she will be allowed and encouraged to go at her own pace.

There will be a bit of orientation any time after delivery that the mother feels ready for it, to brief her on the activities of the hospital day, on visiting hours, and such formalities as the birth certificate. She will be introduced to the other patients in the room and to the nurses, and will be told about the call system and the chaplaincy service. Perhaps, if she feels like it, there will be a little discussion of the general philosophy of rooming-in, during which she can bring up questions or state her ideas and hopes in the matter.

As soon after the birth as the mother

wishes—not necessarily the first day—she will see her baby receiving "morning care" and will be told about various aspects of the process. She may want to try doing some things herself. In any case, as she watches her baby being cleansed, a dozen questions may come into her mind. Even if she hesitates to ask all of her questions, the skillful nurse will slip in a comment and will, for instance, explain about the fontanelle (the soft spot in the skull), the care of the genitalia and other parts of the body. Morning care is an individual demonstration, given at each mother's bedside, but it often turns into a general discussion as other mothers listen and raise their own questions.

Then—again, the time is flexible—comes the moment when the nurse asks, "Would you like to try holding the baby?" Beforehand, probably every mother thinks that at least she will know by instinct how to hold the baby. But when she actually sees it—so tiny, and squirming, or just lying there without giving any particular sign of enthusiasm or cooperation—it suddenly seems a mighty task. It is good to have the nurse there to show where the baby needs support, what is the most comfortable position, how to relax.

Next, mothers may learn how to take the baby's temperature and how to dress it. Feeding, of course, comes in for fairly extensive discussion and demonstration, whether the mother is breast or bottle feeding her child. And a demonstration of diaper changing will soon be in order. Gradually, in all these matters, the nurse and mother exchange roles, until it is the nurse who is the observer, and the mother the star performer.

During her hospital stay the mother learns a good deal about herself, too—how to keep herself comfortable, what are the steps in the return to normal living after she gets home, and when to attempt them. Although she will be up and about far earlier than used to be the practice, and will be doing for herself many things formerly done by the nurse, she will be most strongly

Children's hospitals abroad

A three-way conference of architects, pediatricians and administrators on new directions for children's hospitals was held at the International Children's Center in Paris this June. Delegates considered problems and principles in planning a children's hospital, as well as ways and means of bringing to the hospital setting a warmer, "maternal" atmosphere. The group stressed the key role of preventive medicine and urged close working relations with families, family physicians and public health agencies. In another recommendation, the group called for facilities which would permit mothers to stay in the hospital whenever this course seemed advisable.

urged to rest, and then rest some more. (Many patients, incidentally, report that they feel so well on getting home from the hospital that they take on all sorts of activities, only to have fatigue "hit them" the second week. Wise the woman who heeds the nurse's advice to rest as much as possible at home during those first days, as well as before she leaves the hospital.)

In addition to individual help and instruction, the mother may, if she wishes to, attend four different conferences which are open to all maternity patients from both the rooming-in and non-rooming-in floors. These are:

1. A demonstration of the daily care of the baby, including a tub bath given to a live baby, discussion of equipment and clothing and of any questions that come up.
2. A discussion of breast feeding, which is "really conducted by the mothers—they ask so many questions."
3. A demonstration of formula-making, done by the hospital nutritionist.
4. A conference with the resident pediatrician who is responsible for the babies in the nursery, and who takes up with the mothers such diverse questions as when to take the baby outdoors; where and to whom to go for further care of the baby (if the patient does not have a private pediatrician); care of the navel; thumbsucking, and various other matters, including the relation of the new baby to other children in the family.

Reactions from "alumnae"

If this procedure seems to reinforce the fear of the doubter that rooming-in will cut into her rest and freedom, reassurance comes from "alumnae" with both rooming-in and non-rooming-in experience who, almost without exception, say that they found the former the *more* restful of the two. One reason for this is that the mother who hears a wail from the nursery down the hall is usually sure it comes from her baby and is wakeful and nervous because she fears nothing is being done to comfort it. Where mother and baby are together, the crying

baby is quickly cared for, either by mother or nurse, and except for the colicky baby or the occasional chronically fretful one, there are no prolonged sounds of distress. On the contrary, Dr. Jackson reports that visitors and doctors both have been amazed at the atmosphere of calm and peace that pervades these rooming-in units. Further, Miss Hickcox says that experience at the Lying-In shows the patient on the rooming-in service tends to nap more than the one who, left to her own devices, becomes restless and spends her time wandering around, visiting other patients, listening to radio, reading, etc.

The concern with intangibles

The patient who is not eager to undertake an educational process at this time must remember that she will not be pushed to do so. Though roomers-in are presumed to be more or less interested in picking up information and practice, the philosophy of rooming-in is basically more concerned with such intangibles as feelings, attitudes and relationships than with techniques. One proof of this is that women who already have one child or more at home still feel that there is an advantage in getting to know the new one—the always different one—from the very start. (A mother with four boys recently chose rooming-in because she was sure the fifth was going to be a girl and thought both she and the father would need "some time to get acquainted with a girl.")

Modifications

Since the introduction of rooming-in, there have been modifications of procedure both at the Grace-New Haven Hospital and at the Lying-In. Both found that the original plan of having the babies with their mothers around the clock did not allow enough uninterrupted sleep for the latter, and both now keep the babies in the nursery overnight. At New Haven, this was at first optional, but the mothers themselves pointed out that when it was left completely up to them they felt under moral pressure to demonstrate their motherliness by

keeping the baby at the bedside. Following this tip, the nurses took the initiative in advising removal of the babies from the mothers' bedside during the night. This became routine procedure when it was found that the great majority of mothers preferred it.

In New Haven, the feeding was at first completely "ad lib"—as often and as long as the baby seemed to want to stay at the breast. Some mothers took this to mean that every whimper was a call for food, and that it must be answered instantly. Since both mother and baby reacted badly to this extreme interpretation, a general rule was introduced: that the baby be fed not *oftener* than every two hours, although the interval might be longer if the baby were sleeping. The time of the breast feeding was not definitely limited after the first few days, as the traditional twenty-minute period often is insufficient and is hard for the mother to maintain after she gets home.

Another modification has had to be introduced under certain circumstances because of the nursing shortage which has plagued most big hospitals all over the country for more than a decade. One registered nurse to every four mothers and babies can do a good job under the rooming-in set-up, but if she must handle more, some of the finer points get overlooked. Miss Hickcox is frank to say that fluctuations in the nursing staff, with consequent variations in the program, are the "big heartbreak," and that some patients who have chosen rooming-in because of friends' glowing recommendations are disappointed for this reason. The hospital that does not have to cope with a similar nursing shortage today is rare indeed.

Developments elsewhere

This brings us to some comments on the extent of rooming-in facilities and the response of various hospitals and doctors to it throughout the country, as well as the attitude of the general public.

A report on the Yale project published in 1953 showed that obstetricians, pediatri-

cians, child psychiatrists and teachers of nursing all saw important values in it from the point of view of their own specialties. There were those, too, who looked on it as a stimulus for better hospital architecture and administration. Informally gathered data from a conference on *Problems of Infancy and Childhood* in 1950 showed as many as 50 hospitals in the U.S. which offered some form of rooming-in, and doubtless a number of other hospitals have since been added to the list. But parents who are enthusiastic about the rooming-in idea and yet cannot find nearby facilities for the experiment may not feel that this is a very encouraging showing.

It must be remembered that the change from traditional procedures to rooming-in presents many difficulties for the hospital. There is an understandable reluctance on the part of some doctors and nurses to break with accepted routines. New facilities are expensive. The widespread nursing shortage also complicates the situation in some hospitals, though it is interesting to find that in others, rooming-in has been adopted just *because* of this shortage. With the early ambulation of maternity patients, it has been found that the mother who has her baby nearby can actually be of help to the nurse, and provides careful supervision for the infant. (The U.S. Military Hospitals, for instance, seem to have instituted rooming-in plans as routine maternity care, perhaps for this reason.) It is also interesting that whereas the central nursery was originally introduced to protect infants from infection, rooming-in is now frequently seen as a way of preventing epidemics—reports from teaching centers show either no, or reduced, incidence of cross infection among babies cared for by this method.

One other consideration may have some bearing on the seemingly slow spread of rooming-in; it may be that despite fairly wide publicity in the initial experimental phase, rooming-in has not been requested by a large number of young mothers and fathers—either because they do not know about it or because they see it as merely a

"new wrinkle" in maternity care. Actually it is part of a broad trend working toward the restoration of some human values in family life that have been sacrificed to scientific advances. Prenatal classes, natural childbirth, rooming-in, flexible feeding schedules—all these are part of this trend. It is true that an individual parent may choose one or some of these methods while rejecting others; and it cannot be said too often that the right to consult one's own tastes, capacities and spontaneous responses in all these matters should be safeguarded at all costs. However, this new-old philosophy has a far outreach—it has already been reflected, for example, in the hospital care of older children described elsewhere in this issue of *Child Study*. It may not be too grandiose to see it as part of an even larger effort of tremendous importance in today's world—the effort to strike a better balance between the swift onrush of intellectual knowledge and the abiding truths of the heart.

News from other hospitals

Two articles in this issue of *CHILD STUDY* report on interesting new developments in the pediatric programs of the Boston Floating Hospital and the Hunterdon, N.J., Medical Center. Below we note briefly some experiments and innovations being carried on in other parts of the country.

The Children's Hospital of the East Bay in Oakland, has, for the last six years, been testing ways of helping children adjust to hospitalization. These efforts include: preparation of parent and child before admission; a relaxed visiting policy; encouragement of parent participation in the child's care. A booklet, "What My Parents Should Know," is given to parents before the child's hospitalization, and suggests that the child will be helped if he knows beforehand about such things as bed baths, hospital procedure at mealtimes and play activities.

At the *Hospital for Joint Diseases* in New

York City, parents, and children old enough to talk about their feelings, are interviewed before the youngster's admission by a social worker, who frequently takes the child to see the children's ward and to meet the nurses, occupational therapists and other members of the staff. Daily visiting hours at this hospital are from one to six p.m., and fathers, as well as mothers, are encouraged to visit often. The chief nurse on pediatrics, the senior social worker from pediatrics, the children's occupational therapist and the hospital teacher daily discuss ways of relating their services to the all-round care of the individual child.

A highly developed recreation program is carried on at the *Children's Hospital* in Cincinnati. Staffed by six full-time workers, this program offers morning, afternoon and evening activities. In addition to three people trained in child development, two in elementary and art education, and a trained nurse-aid, some 40 volunteers do two or three hours' work twice a week. A full-time librarian is in charge of the children's library, which has nearly 3,500 books.

Groupwork with hospitalized children was introduced some five years ago at the *Babies and Children's Hospital* in Cleveland, and has proven its value in the pediatric program. As a member of the pediatric team in constant consultation with other staff members, the groupworker makes her special contribution by helping children to emerge from loneliness or passivity and to discharge their tensions in play and conversation.

The Roosevelt Hospital in New York City recently opened a new pediatric floor on which accommodations are made for parents who wish to stay overnight at the hospital to be near their sick children. Mothers are also encouraged to help with the bathing, feeding and care of their children, under nursing and medical supervision.

Information for all the above items, with the exception of the last one, was taken, by permission, from the Children's Bureau Magazine *Children*, Nov.-Dec. 1955, and May-June 1956.

New books about parenthood and family life

Selected by the CSAA Book Review Committee,
Mary W. Colley, Acting Chairman

Books for parents

BRIEF CHATS WITH PARENTS: How To Help Your Child Grow Up. By S. R. Laycock. The Copp Clark Publishing Co., Ltd., 1956. 185 pp. \$2.00. A simple, common-sense approach to the job of being a parent, which the author dubs "the last stand of the amateur." Though so comprehensive in scope that some aspects of growing up, especially the problems, are treated too briefly to be of much help to troubled parents, this book is always sound and frequently illuminating.

FUN AND GAMES. By Margaret E. Mulsac. Harper and Bros., 1956. 329 pp. \$3.95. Parents will welcome this excellent source book for games, stunts, and other entertainment ideas. Activities are grouped by type (active, quiet, paper, etc.) by occasion, and by age of participants. Some music and a few complete party plans are included. A full index increases the book's usefulness to group leaders, counselors, and teachers.

MARRIAGE IN THE MODERN WORLD. By Phillip Polatin, M.D. and Ellen C. Philtine. Lippincott, 1956. 313 pp. \$3.95. This book provides a constructive treatment of marriage as a personal relationship involving unique individuals. In each case, it covers sexual attitudes and behavior, parent-child relationships, economic and emotional considerations, preparation for marriage, as well as an analysis of difficulties and a discussion of divorce. An unusually well presented and understanding volume.

YOUR ADOLESCENT AT HOME AND IN SCHOOL. By Mary and Lawrence K. Frank. The Viking Press, 1956. 336 pp. \$3.95. A useful distillate of the best of previous knowledge of adolescence plus the authors' wonderfully clarifying point of view. Written in a down-to-earth manner, it is addressed to parents and teachers, who will find it of daily practical value, and appreciate its fairness in protecting the individuality of both adolescent and adult.

Books for those who work with families and children

PHYSIQUE AND DELINQUENCY. By Sheldon

and Eleanor Glueck. Harper and Bros., 1956. 339 pp. \$6.00. This important though controversial study classifies 500 delinquents and 500 non-delinquents into four major physique types; each of which is seen to react characteristically to each of 67 behavior traits and 42 socio-cultural factors. The authors conclude that each body type is differently disposed toward delinquency, given the same set of traits and socio-cultural factors; and that it should become possible to predict potential delinquency by an awareness of the combination of factors that might induce delinquent behavior. The authors make clear that further research is needed before pressing these conclusions.

THE YOUNG CHILD IN SCHOOL. By Clarke E. Moustakos and Minnie Perrin. William Morrow and Co. Whiteside Inc., 1956. 256 pp. \$4.00. A comprehensive picture of nursery school practices in the United States today, based not only on a recent questionnaire but on the authors' own research and experience in the Merrill-Palmer School. Here is a liberating philosophy of education based on the uniqueness of the individual rather than on the stereotype. Parents also will find much of interest.

Books on special subjects

AN ADVENTURE IN EDUCATION. By Fred M. Hechinger. The Macmillan Co., 1956. 266 pp. \$3.75. Spirited and inspiring, this report of the fact-finding Connecticut Commission illuminates the school problems facing every community. The Commission, under the leadership of Norman Cousins, enlisted an army of volunteers to collaborate on an extensive examination of school buildings, equipment, teaching caliber, finances and curricula. Written by a journalist, this report has great vitality and an important message for every parent, teacher, and citizen interested in the future of our schools.

THE DYNAMICS OF AGING. By Ethel Sabin Smith. W. W. Norton, 1956. 191 pp. \$2.95. For the growing number who are to enjoy or endure the new bonus of added years, this perceptive and stimulating book offers clarification of their problems and opportunities. The author gives many concrete examples of how constant awareness and planning for changing capacities and interests can help many aging persons to a more satisfying and zestful use of their new leisure. The younger generation will gain increased insight into the problems of the older.

This selective booklist is compiled by our Book Review Committee as part of its continuous evaluation of books for parents and workers in the child care field. Our policy, however, is to keep the advertising columns open to responsible publishers whether or not titles advertised appear on the Association's lists.



Illustrations by Irene Haas

A CAT CAME FIDDLING

and Other Rhymes

Songs by Paul Kapp • Pictures by Irene Haas • Introduction by Burl Ives • "The happiest combination of the season — as a nursery rhyme book, as a picture book, or as a song book, . . . Irene Haas has never been more superb." —*Newsday*. All ages. \$3.00

I KNOW A LOT OF THINGS

by Ann and Paul Rand • For children from three to six what could be better than "a big splashy book of bright colors, telling a few things that a child is sure to know — and many more that he may not. The pictures have simplicity and drama. It is a treasure." —*Christian Science Monitor*. \$2.75

THE VEGETABULL

by Jan Le Witt • Five to eight year olds will be amused by this tale of a greedy young bull who comes to grief in a vegetable garden. "Tenderness . . . and a mysterious, intense luminosity characterize Jan Le Witt's paintings." —*N. Y. Herald Tribune*. Illustrated in color by the author. \$3.00

TREASURES TO SEE

A Museum Picture-Book • by Leonard Weisgard • "Striking colored and black and white illustrations and explanatory text introduce children to the fine arts museum. . . . Provocative . . . should stimulate an interest in art and make museum-going more meaningful to children and parents." —*ALA Booklist*. Ages six to ten. \$3.00

SEA LADY

by Julie Forsyth Batchelor • "A true incident of Connecticut history — a raid by the British on shipyards at Essex in the War of 1812. Denny [proves] that in a real emergency a boy of eleven can show as much initiative as any adult. William Hutchinson's wonderful drawings help to bring life to this fascinating bit of history." —*New Haven Register*. \$2.25

MIRACLES ON MAPLE HILL

by Virginia Sorensen • "Warm and real as Mrs. Sorensen's two previous books — this one is packed with incident, country magic, family love and people to remember; it has substance and spiritual worth." —*N. Y. Times*. Ages nine to twelve. Illustrated by Beth and Joe Krush. \$2.95

EMMY KEEPS A PROMISE

by Madye Lee Chastain • Emmy's promise to see that her older sister makes marriage — not teaching — her career enhances the excitement of the year the two of them spend in New York in the 1850's. "Lovely people, suspense and humor." —*The Instructor*. Drawings by the author. Ages nine to twelve. \$2.75

SEARCH FOR A GOLDEN BIRD

by Jean Bothwell • Give children ten to fourteen this exciting story of a boy searching for his kidnapped cousin during India's struggle for independence in 1947. "Political intrigue . . . adventure, mystery, and a colorful picture of life in the Orient make absorbing reading." —*Library Journal*. Drawings by Reisie Lonette. \$2.95

FLOOD WATERS

by Jerrold Beim • For the ten to fourteen year old this exciting account of the courage and selflessness people show in emergencies is both challenging and reassuring. "Josh's ready acceptance of responsibilities, his part in saving a family from danger keeps the narrative moving to a satisfying conclusion." —*N. Y. Times*. Drawings by Don Sibley. \$2.75

THE AMAZING VACATION

by Dan Wickenden • Ten year olders and up will be intrigued to read "How Ricky and Joanna climbed through the magic casement and entered the Country Without a Name. . . . Very good, amusing fantasy in the best E. Nesbit tradition." —*Horn Book*. Drawings by Erik Blegvad. \$2.95

AT ALL BOOKSELLERS. HARcourt, BRACE AND COMPANY

Books for children about hospitals—

Parents often look for books they can read with their children to help prepare them for either a hospital experience or an operation in a surgeon's office. Certainly no book can fully relieve the anxiety of such an experience for a child: feelings of fear are not easily reached by words and pictures alone. But some of the material available may at least give a certain comfort at this trying time.

How much information should a child be given about this approaching event? There are some books and pamphlets which may help parents explain hospital routines and procedures in a comforting way, within the limits of the child's understanding. Among those suggested here, most are concerned with tonsillectomies, some with appendectomies, none are about tonsillectomies performed in doctors' offices, nor do they deal with hospitalization for other than operative causes.

Some materials of this kind may serve most usefully after the operation, as in the case of an emergency appendectomy; identifying with another child who has had a similar experience can bring reassurance and satisfaction. On the other hand, some of these books, accenting the "games and fun" aspect of hospitalization may have the unfortunate effect of making a child feel cheated if his experience does not live up to what he had been led to expect.

Well-written stories in which "doctor-and-hospital" episodes are incidental sometimes provide greater comfort both for the child and his parents than books consciously intended to lessen the child's fears.

Such a story is Ludwig Bemelmans' *Madeline* (Simon & Schuster). In this rollicking story, in delectable verse and pictures, a little girl in a French boarding school is rushed to the hospital for an appendectomy with the happy result that all her classmates want a scar on their stomachs too! (Available in two editions—one, a large beautiful book, the other a twenty-five-cent Golden Book—both excellent.)

To let a child see this kind of experience through the eyes of an animal is sometimes an effective device. In Margaret Wise Brown's *Noisy Book* (Harper) the little dog, Muffin, has to have his eyes bandaged by the dog doctor. He cannot see, but he can hear—a reassuring concept for a young child. Done with a light touch, too, is *Bill the*

Brave (Houghton, Mifflin) by Lisl Weil. This dog is not scared of anything except a visit to the dentist. His extracted tooth on a chain around his neck is a proud souvenir. In *Willie Goes to the Hospital* by Pauline Vinson (Macmillan) a visit to the hospital is seen through the experiences of an appealing young mouse.

Dealing realistically with a child's hospital experience is *No More Tonsils!* by Ellen Paullin (Island Press Cooperative), a lively account with photographs of a real little girl, her everyday activities with her friends and her pleasant preparations for her stay in the hospital. This is an appealing book which would help give any child a feeling of well-being. (One photograph of the anaesthetist at work seems unnecessary, possibly frightening). *Going to the Hospital*, prepared by the Child Development Center, Children's Hospital of the East Bay, Oakland, California is a sensible coloring book in which a little boy cheerfully describes to his sister all that happened to him when he had his tonsils taken out. It also gives concise, helpful information to the parents. In *Linda Goes to the Hospital* by Nancy Dudley (Coward-McCann), a six-year-old makes new friends and discovers all sorts of amusement in the hospital while convalescing from an appendectomy. One must hope that the hospital experience will always be so pleasant!

Johnny Goes to the Hospital by Josephine Abbott Sever (Houghton Mifflin) tells how a small boy undergoes an emergency appendectomy. To familiarize a child with a hospital this little book has value, though it includes, perhaps, too much information. Certain of the pictures are unrelated to what he is likely to experience, and may be frightening. In *Dede Has Her Tonsils Out* by Henri Grady Skeie, R.N., Adelia De Vore, R.N. and Evelyn Koperski, R.N. (Pageant Press), well-meaning parents prepare their seven-year-old for an operation by playing games simulating hospital procedures—an unwise and unrealistic book which could defeat its purpose.

Two excellent pamphlets deal with hospitalization factually and unemotionally on a child's level: *All About an Operation* and *Inside the Hospital* both by Helen B. Radler are distributed by the Society of Memorial Center, New York City.

An annotated list of books dealing with many kinds of problems, including those of handicapped, crippled and sick children and their adjustment to the realities, compiled by Vera S. Flanders is published by the National Society for Crippled Children and Adults, 11 S. LaSalle St., Chicago 3, Illinois.

RUTH GROSS and
FANNIE C. GITTLEMAN
for the Children's Book Committee

—and some to help parents

Below are listed some pamphlets which may help parents prepare a child for hospitalization and keep him as happy as possible while he is there. For a list of materials on this subject addressed directly to the child himself, see opposite page.

Your Child Can Be Happy In the Hospital

A friendly word of advice and plea for cooperation by the staff of the Children's Service, Grace-New Haven (Conn.) Community Hospital. Applicable to any hospital where the same kindly and intelligent philosophy prevails. No price given.

You and Your Child: Getting Sick

You and Your Child: Going to the Hospital
You and Your Child: Getting Well

Three excellent leaflets that pack much information and guidance into small space. Written for the Illinois Department of Public Health (Springfield, Ill.), they are also distributed through the Mental Health Materials Center, 1790 Broadway, New York, N. Y. 10c per set of three.

Preparing Your Child for Hospital

This Canadian leaflet, available from the Queen's Printer, Ottawa, stresses the need for frankness in preparing the child and also points out that his reaction will be based in part on his parents' approach to previous illnesses, accidents, and visits to the doctor. 2c a copy; minimum order, 10c.

What Makes A Good Home

by Anna W. M. Wolf
and Margaret C. Dawson

Under a familiar title—new text, new dress, new illustrations by Doug Anderson. "Covers in a clear, concise way a great deal of basic material on wholesome family life."—New York Times.

single copy: 40 cents
10-99 copies: 32 cents each
100-999 copies: 28 cents each

order from

The Child Study Association of America
132 East 74 Street, New York 21, N. Y.

HOUGHTON MIFFLIN CO.

New Books

for picture book readers

SEE THE CIRCUS • H. A. Rey

Ages 3-6 \$1.00

THE SCARY THING • Laura Bannon

Ages 3-7 \$2.00 Trade; \$2.75 G.S.L.B.

LOCO LOCOMOTIVE • Marilyn and

Varuian Boghosian Ages 3-6 \$2.00

MUTT • Bianca Bradbury, ill. • Mary

Stevens Ages 4-8 \$1.50 Trade; \$2.00

G.S.L.B.

I WILL TELL YOU OF A TOWN

• Alastair Reid, ill. • Walter Lorraine

Ages 4-8 \$2.25 Trade; \$2.75 G.S.L.B.

for intermediate readers

SALLY SAUCER • Edna S. Weiss, ill.

• Helen Stone Ages 7-10 \$2.25

THE GOLDEN BIRD • Shannon Garst,

ill. • Panos Chikas Ages 8-11 \$2.25

MRS. WAPPINGER'S SECRET

• Florence Hightower, ill. • Beth and

Joe Krush Ages 8-11 \$3.00

SON OF MONTE • George Cory

Franklin, ill. • L. D. Cram Ages 8-12

\$2.25

HAH-NEE of the Cliff Dwellers

• Mary and Conrad Buff Ages 8-12

\$3.00 Trade; \$3.75 G.S.L.B.

TWINS IN AUSTRALIA • Daphne

Rooke, ill. • Gil Miret Ages 9-12 \$2.00

for older readers

TRAIL BLAZER OF THE SEAS

• Jean Lee Latham, ill. • Victor Mays

Ages 10-14 \$2.75

ACTION STARBOARD • Victor Mays

Ages 11-14 \$2.75

KNOCK AT THE DOOR, EMMY

• Florence Means, ill. • Paul Lantz

Ages 12-14 \$2.75

THE LIFE and TIMES of WYATT

EARP • Stuart N. Lake, ill. • John

McCormack Ages 11-14 \$2.50

COLD HAZARD • Richard Armstrong

ill. • C. Walter Hodges Ages 12 up

\$2.50

and

CARRY ON, MR. BOWDITCH*

• Jean Lee Latham, ill. • John O'Hara

Cosgrave II Ages 10-14 \$3.00

*1956 Newbery Award Winner



BOOKS
for
BOYS
and
GIRLS

H.M.Co.

2 Park St., Boston

CSAA reports—

Holiday greetings

As the holiday season approaches, we wish to thank our friends for their past support and remind them that the Child Study Association of America is a voluntary, non-profit organization supported by individual contributions and memberships. A \$10 gift membership or contribution to the Association will not only bring CHILD STUDY into the home of a friend but help contribute to our total program in this country and abroad. Friends in the New York area may also contribute to our work through the special benefit performance of *Bells Are Ringing* with Judy Holliday on January 16, 1957, and, throughout the year, by donations to the Association's thrift shop.

Pilot programs with nurses

The public health nurse often functions in a broader sense than that of giving information about the physical health of mother and child.

Because the U. S. Children's Bureau and the New York State Department of Health have seen the wider implications of the nurse's role in working with parents, they have together invited CSAA to conduct pilot training programs for several groups of public health nurses to equip them to lead parent discussion groups.

These programs are currently moving in a promising new direction: CSAA staff members are conducting intensive, experimental training sessions for a selected group of consultant and supervisory nurses who have completed the initial training period. Upon completion of this further training, the nurses will be prepared to give continuing supervision to members of their nursing staffs who have taken the basic training course.

The Director of this project, Aline B. Auerbach, presented a paper on "New Approaches to Work with Expectant Parent Groups" at the Annual Meeting of the American Public Health Association at Atlantic City, New Jersey, in November.

Research developments

Preliminary findings of the three-year research project, Social Science and Parent Education, sponsored jointly by CSAA and the Russell Sage Foundation, are beginning to be made available. "Evaluating the Effects of Parent Education," one of a series of working papers to be completed within the next two years, was presented by Dr. Orville G. Brim, Jr., Director of the project, at the Chicago Conference on Research in Family Life, sponsored by the Elizabeth McCormick Memorial Fund and the National Council on Family Relations. In an-

other research development, Dr. John Mann, who joined the Association this fall on a resident fellowship from the Russell Sage Foundation, is currently reviewing small group research to see to what extent the findings in this area are applicable to parent study groups.

New counselor

We welcome the appointment of Mrs. Lucille Stein to the Association's Parent Counseling Department. Mrs. Stein is a graduate of the New York School of Social Work who has served as counselor in the Ethical Culture Schools. A psychiatric social worker, whose background includes work in the Hawthorne Cedar-Knolls School of the Jewish Board of Guardians and in the psychiatric clinic of Lenox Hill Hospital, she has also assisted Dr. Exie Welch in her private practice.

The Counseling Service is conducted as a pilot, preventive program offering help to parents in meeting such special, or temporary, situations as the arrival of a new baby, first days at school, separation or death in the family.

Children's book display

Each year, from early October through November Book Week and the Christmas season, CSAA wonders whether Josette Frank and the Children's Book Committee will ever see their way through that enormous last-minute avalanche of fall publications. To prove that they do, the Committee's 1956 selections (see pp. 44-60) were displayed this November at the Ethical Culture School's Book Fair before they became part of the permanent exhibit at CSAA's New York headquarters. Miss Frank addressed Book Fair visitors on selecting books for children, and members of the Book Committee were on hand to answer questions.

CSAA reaches wide audience

More than 3,000,000 copies of two Child Study publications prepared for the Kleinert company have been distributed to date. The two booklets, *Sleep My Little One* (reprinted in the Fall 1955 issue of CHILD STUDY) and *Modern Ways In Toilet Training*, done in cooperation with Robert M. Goldenson, have proven so successful that a third, *Happiness: A Family Affair*, has been scheduled for 1957. Available from Kleinert's, 485 Fifth Avenue, New York 17, N. Y., the booklets are part of a major Association effort to extend its program through mass media techniques.

The success of another move in this direction is reported by the editors of *True Story*: only a year after its initial appearance, "Parents Want to Know," a column prepared by CSAA staff members for that magazine, won second place honors in a competitor's survey of reader interest.

A secret well-kept

CSAA board and staff members are not adept at keeping secrets, but the Fall 1956 issue of *CHILD STUDY*, a tribute to Sidonie Matsner Gruenberg on her 75th birthday, proved a grand exception. Not a word of the plot reached Mrs. Gruenberg until the first five copies off the press were presented to her by CSAA Vice-President, Mrs. George Van Trump Burgess, at a special "meeting" of the Board. Copies of the issue, a significant history of the parent education movement entitled *Parent Education in Perspective*, may be obtained from the Association. (Single copy, 65 cents; 5-10 copies, 50 cents; 10-25 copies, 45 cents each.)

Further tidings & travels

Gunnar Dybwad, CSAA's Executive Director, has been appointed Chairman of the Membership Committee of the Adult Education Association of the USA. He will also chair the Workshop on Child Welfare at a conference of the National Council of Churches in Indianapolis December 10-12, and is scheduled to address the Annual Meeting of the Family Service Agency in Paterson, New Jersey on January 22 and the Annual Dinner Meeting of the PTA Council in Newark, New Jersey, on February 25.

• • •

From the Parent Education Department . . . Aline B. Auerbach has been invited to serve a two-year term as Vice-Chairman of the Committee on Audio Visual Aids of the National Conference on Social Welfare . . . Gertrude Goller addressed a meeting of the Family Service of Northern Virginia in Arlington . . . Salvatore Ambrosino represented CSAA at an all day conference on Education for the Handicapped Child sponsored by the Community Council of Greater New York, Inc. He also recently served as discussion leader for a conference on planning mental health programs sponsored by the Brooklyn Association for Mental Health, Inc. and served on a panel discussion, "What Do We Do About the Jones In Our Community?" at the Annual Conference of the Adult Education Association in November in Atlantic City.

• • •

From our Mass Media Consultant . . . Josette Frank conducted a panel on television and children at PS 29 in Yonkers, addressed a workshop on selecting books for the shut-in child at the Junior League of the City of New York, and answers some vital questions for parents in "How Much Is Too Much TV," in the November issue of McCall's.

Just for fun . . .

.... Read

"The Sun Shines Bright"

BY JULILLY H. KOHLER

37 pictures by Lee Ames



"Throughout the hot summer, the sweets and pangs of growing up present themselves to nearly-12-year-old Mary Elizabeth. . . Her experiences and fun have authentic regional flavor and unbounded appeal for pre-teen girls."

—NEW YORK TIMES Ages 8-12-\$2.75

Sure Thing For Shep

BY E. H. LANSING

57 pictures by Ezra Jack Keats



"A Kentucky mountain boy faces the reality of debt and an unreliable uncle with loyalty and integrity."

—LIBRARY JOURNAL—Ages 8-12-\$2.50

At your local bookseller

THOMAS Y. CROWELL COMPANY

Founded 1834 — New York 16

Books of the year for children

Selected by the Children's Book Committee of the Child Study Association
Flora S. Straus, Chairman

This list has been prepared to help parents and others choose from among the thousand or more new books for children published during the calendar year 1956.

Selections are made, not on a basis of literary merit alone, but to meet the varied interests and reading abilities of many boys and girls. Because the list is designed to include something for every reader—and for non-readers, too—it is necessarily long. Although, for convenience in selection, titles are grouped by ages—from pre-school to high school years—many books have a far wider appeal than this arrangement can indicate.

Parents are therefore urged to scan the whole list with their particular child in mind. A book for the youngest listener may make an excellent first book for the beginning reader; a ten-year-old will sometimes read a much-too-difficult book on a subject of special interest at the moment. The titles within any age group may be suitable for the younger or older reader within that span. It is hoped that the topical groupings for each age and the brief descriptions of each book will help in selection. There is a grouping of books (ages 7-9) especially designed for easy reading. Books of outstanding quality are starred (*). An effort has been made to include inexpensive books which offer good value.

The titles have been selected after careful reading and discussion in weekly meetings throughout the year by a Committee of thirty parents, teachers, librarians, writers and others working with children's books.

All of the volumes listed become part of a permanent collection, accumulated by the Committee through several decades, at the Association's headquarters, 132 East 74th Street, New York City.



Collections

*More Read To Yourself Stories: Fun and Magic.

Compiled by the Child Study Association of America. Illus. by Peggy Bacon. Crowell. \$2.50. Magical and laughable happenings to real children in a collection of modern stories for young readers to enjoy by themselves. Illustrations capture the spirit of fantasy. (8-11)

*Believe And Make-Believe.

Edited by Lucy Sprague Mitchell and Irma Simonton Black. Illus. by Alaya Gordon. Dutton. \$3. Whimsey and everyday reality in stories and verses for and about children. A Bank Street College collection, companion to the well-loved *Here and Now Storybook*. (3-6)

*Nora Kramer's Storybook For Fives and Sixes.

Edited by Nora Kramer. Illus. by Beth and Joe Krush. Gilbert Press. \$2.95. Home and family predominate in this friendly collection of stories and verses of tried and certain appeal. (5-7)

*Modern Fairy Stories.

Edited by R. L. Green. Illus. E. H. Shepard. Dutton. \$2.95. Eight original fairy tales by famous English writers as well as by some less well-known. (10 and over)

Did You Feed My Cow? Rhymes and Games from City Streets and Country Lanes.

Compiled by Margaret Taylor. Illus. by Paul Galdone. Crowell. \$2.75. Folk-rhymes, chants and popular games sung or played by children, set down in

their own vernacular and enhanced by amusing pictures. (7-9)

Riddles Of Many Lands. By Carl Withers and Sula Benet. Illus. by Lili Cassel. Abelard-Schuman. \$2.75. Inviting selections with authentic folk flavor. (9-14)

The Family Treasury Of Children's Stories. Edited by Pauline Rush Evans. Illus. by Don Sibley. Doubleday. 3 vols. \$7.50 the set. Wide range of stories, modern and traditional, from nursery age to the early teens, including selected parts of famous classics.

Poetry

Away We Go! 100 Poems for the Very Young. Compiled by Catherine Schaefer McEwen. Illus. by Barbara Cooney. Crowell. \$2.50. Just right poems for the very small child, with enchanting black-and-white drawings. (3-6)

Edward Lear's Nonsense Book. Selected and illus. by Tony Palazzo. Garden City. \$2.50. These well-loved verses, in a colorful big book with sweeping illustrations. (all ages)

Littlest Ones. Edited and illus. by Pelagie Doane. Oxford. \$1.75. A winsome little book of verse especially for little people. (under 5)

Bronzville Boys And Girls. By Gwendolyn Brooks. Illus. by Ronni Solbert. Harper. \$2. Tender and perceptive poems about children, with real feeling for their thoughts and emotions. (7-9)

The Year Around: Poems For Children. Selected by Alice I. Hazeltine and Elva S. Smith. Illus. by Paula Hutchison. Abingdon. \$2.50. Verses for the seasons and the special days of the passing year, by familiar and less known poets, in a well-rounded collection. (8-12)

***This Way, Delight.** Selected by Herbert Read. Illus. by Juliet Kepes. Pantheon. \$3.50. A wide and discriminating selection of familiar and newer verse for the young poetry lover to grow up with. (12 and over)

Christmas

***A Christmas Story.** Written and illus. by Mary Chalmers. Harper. \$1. Delectable stocking book about the search for a Christmas tree star. Will fit the most diminutive, expectant stocking. (under 5)

One Little Baby. Written and illus. by Joan Gale Thomas. Lothrop. \$1. A counting book with simple, reverent verses and pictures of the Nativity. (under 5)

***Once In Royal David's City.** Retold by Kathleen Lines. Illus. by Harold Jones. Watts. \$3.95. Exquisitely detailed pictures and simple text retell the story of the Nativity with tender reverence. A beautiful book. (5-8)

Plum Pudding For Christmas. Written and illus. by Virginia Kahl. Scribners. \$2.50. That resourceful duchess again! She bakes a plum pudding to save her head. Gay verse and pictures. (5-7)

The Magic Christmas Tree. By Lee Kingman. Illus. by Bettina. Ariel. \$2.75. Two disgruntled little girls are brought happily together on Christmas Eve by the spell of a tree in the woods. Endearing illustrations. (7-9)

Christmas On The Mayflower. By Wilma Pitchford Hays. Illus. by Roger Duvoisin. Coward-McCann. \$2.50. Simple tale of the Pilgrims on shore and aboard ship, and the way they celebrated Christmas. Effective illustrations. (7-9)

***Happy Christmas! Tales for Boys and Girls.** Edited by Claire Huchet Bishop. Illus. by Ellen Raskin. Stephen Daye. \$3. The varied aspects of the holiday, both religious and festive, presented in a distinguished anthology of stories, poems and a play to suit many tastes. For the whole family.

For the youngest: under five

Good Night! Written and illus. by Charlotte Stein. Peggy Cloth-Books. \$1.25 (with attached doll, \$1.60). Winsome colored pictures in a going-to-sleep washable cloth book.

Home For A Bunny. By Margaret Wise Brown. Illus. by Garth Williams. Simon & Schuster. \$1. Furry bunnies and spring foliage combined with rhythmic text in an appealing large picture book.

***Three Little Animals.** By Margaret Wise Brown. Illus. by Garth Williams. Harper. \$2.50. Enchanting picture-story of three little animals who find themselves in a strange new city world. A book to cherish.

Big Red Barn. By Margaret Wise Brown. Illus. by Rosella Hartman. Scott. \$2.25. Beautiful pictures

enhance this happy story of a day on a farm.

***The Scary Thing.** Written and illus. by Laura Bannon. Houghton Mifflin. \$2. Endearing small tale of a boy and his animal friends in spring.

Whistle For The Train. By Golden Macdonald. Illus. by Leonard Weisgard. Doubleday. \$2.50. A busy little train warns the animals off the track in a rhymed picture story.

***David's Little Indian.** By Margaret Wise Brown. Illus. by Remy Charlip. Scott. \$2.50. Child-like fantasy with deep feeling for a child's world. A small book with unusual pictures.

My First Counting Book. By Lillian Moore. Illus. by Garth Williams. Simon & Schuster. \$1. Almost real pictures of familiar creatures teach how to count to ten.

A Hat For Amy Jean. Written and illus. by Mary Chalmers. Harper. \$1.50. Children go adventuring in this small book of fantasy, with wonderfully expressive, tiny pictures.

Big Little Davy. Written and illus. by Lois Lenski. Oxford. \$1.50. Davy grows from a baby to a big boy who goes to school alone. Companion book to *Davy's Surprise*.

What Would You Do If . . . By Leonore Klein. Illus. by Leonard Kessler. Scott. \$2.25. All the things a little boy or girl might wish to do in highly improbable circumstances. Lively modern drawings.

ABC Of Cars And Trucks. By Anne Alexander. Illus. by Ninon. Doubleday. \$2.50. Cars, from auto trailers to zone trucks, in large pictures and descriptive couplets relating to children's own interests and fun.

Dress Up And Let's Have A Party. Written and illus. by Remy Charlip. Scott. \$1.50. Imaginative and highly entertaining pictures of a dress-up party have suggestions for parents.

***See The Circus.** Written and illus. by H. A. Rey. Houghton Mifflin. \$1. Jolly verses give a child's eye view of the circus, with a surprise under the flap on each page.

Jeanne-Marie In Gay Paris. Written and illus. by Françoise. Scribners. \$2.75. Our old friend Jeanne-Marie in another beautiful picture-story, full of French charm.

The following offer outstanding value in twenty-five cent books:

My Snuggly Bunny. By Patsy Scarry. Illus. by Eloise Wilkin. Simon & Schuster.

It's A Lovely Day. By Margaret Walters. Illus. by Flora Smith. Wonder Books.

Mrs. Goose's Green Trailer. By Miriam Clark Potter. Illus. by Leonard Weisgard. Wonder Books.

Who Is That? Written and illus. by Helen G. Schad. Treasure Books.

Ages five, six and seven

Harold's Fairy Tale. Written and illus. by Crockett Johnson. Harper. \$1.50. This small boy's purple crayon draws him into further adventures as he wanders in an enchanted garden, solves a mystery and draws himself safely back into bed.

- **Babar's Fair*. Written and illus. by Laurent De Brunhoff. Random. \$3.50. Our beloved elephant returns in another large book with the wealth of detail in pictures and text young children love.
- Our Friend Mrs. Goose*. By Miriam Clark Potter. Illus. by Miriam and Zenas Potter. Lippincott. \$2.25. More funny episodes in the life of this feather-brained fowl and her Animaltown friends.
- **If I Ran The Circus*. Written and illus. by Dr. Seuss. Random. \$2.50. Circus creatures you never saw or hope to see, with the usual zany rhyming and drawings by which the beloved "doctor" delights young readers.
- **The Little Mermaid Who Could Not Sing*. Written and illus. by Louis Slobodkin. Macmillan. \$2.25. Rare humor in a delectable picture-tale about young mermaids, done with this author-artist's inimitable wit and charm.
- **Anatole*. By Eve Titus. Illus. by Paul Galdone. Whittlesey. \$2. Utterly delightful account of how a scorned and unwanted French mouse finds a way to earn food for himself and his family.
- The Travels Of Marco*. By Jean Merrill. Illus. by Ronni Solbert. Knopf. \$2.50. The laughable adventures of an inquisitive pigeon on the sidewalks of New York in an indigenous picture-story.
- Mister Penny's Race Horse*. Written and illus. by Marie Hall Ets. Viking. \$2. Humorous adventures which end happily with a ferris wheel ride for all Mister Penny's animals.
- Pudding's Wonderful Bone*. Written and illus. by Lisl Weil. Crowell. \$2.50. A puppy learns that sharing a treasured possession is what really makes it enjoyable. Chuckles in text and pictures.
- **Lion*. Written and illus. by William Pène du Bois. Viking. \$3. An enchanting fable about the "evolution" of the lion. Magnificent illustrations.
- A Cow In The House*. By Mabel Watts. Illus. by Katherine Evans. Follett. \$2. Humorous pictures enhance this delightful old tale about a farmer whose house was too small.
- Gillespie And The Guards*. By Benjamin Elkin. Illus. by James Daugherty. Viking. \$2.50. A little boy proves he can outwit the eagle-eyed guards in an up-to-date version of an old story. Robust, funny pictures.
- Mr. Ferguson Of The Fire Department*. By Ellen MacGregor. Illus. by Paul Galdone. Whittlesey. \$2. Hilarious adventures at the fire station when a new pole proves to be for sliding up instead of down. Pictures to match.
- **Harry The Dirty Dog*. By Gene Zion. Illus. by Margaret Bloy Graham. Harper. \$2. Humorous picture-story about a canine who finds that cleanliness, although not quite next to godliness, brings its own rewards.
- George*. Written and illus. by Phyllis Rowand. Little, Brown. \$2.50. The whole family realizes how much it loves that clumsy, interfering, ragamuffin of a poodle when he is almost lost. Humorous, detailed pictures.
- The Long Hike*. Written and illus. by Dorothy Ivens. Viking. \$2. A small girl and boy have fun and real adventure while enjoying a picnic in the country on a summer day.
- The Little Flower Girl*. By Elizabeth Tate. Illus. by Helen Stone. Lothrop. \$2.50. Delightful story of a small member of the wedding whose preparations are pleasantly exciting.
- A Friend Is "Amie."* Written and illus. by Charlotte Steiner. Knopf. \$2.25. A beginning lesson in French, with aids to pronunciation, wrapped up in a pretty picture-story of two little girls who became friends.
- A Tree For Me*. By Norma Simon. Illus. by Helen Stone. Lippincott. \$2. A small girl's delight at the gift of a growing apple tree and her plans for its fruit. Simple text and colorful pictures.
- Thin Ice*. By Jerrold Beim. Illus. by Louis Darling. Morrow. \$2. An exciting adventure brings home to a small boy the very practical value of learning to read.
- **The Fourth Of July Story*. By Alice Dalgliesh. Illus. by Marie Nonnast. Scribners. \$2.75. Simple retelling of the events that led to the Declaration of Independence and what it meant to our country in its earliest days.

Ages seven, eight and nine

fun and magic

**The Sword In The Tree*. By Clyde Robert Bulla. Illus. by Paul Galdone. Crowell. \$2.50. Rousing adventure in the days of King Arthur, skillfully written for beginning readers, boys or girls.

The Flying Carpet. Retold and illus. by Marcia Brown. Scribners. \$3. This well-loved tale from the *Arabian Nights* in a framework of brilliant new pictures.

**The Shoes Fit For A King*. By Helen E. Bill. Illus. by Louis Slobodkin. Watts. \$2.75. Amusing adventures of a proud pair of shoes that attain their ambition.

girls and boys

**The Fairy Doll*. By Rumer Godden. Illus. by Adrienne Adams. Viking. \$2.50. A little girl discovers her own capacity for self-reliance when a doll becomes a fairy godmother. Sensitive tale with delicate drawings.

Betsy's Busy Summer. Written and illus. by Carolyn Haywood. Morrow. \$2.95. Lovable Betsy and her friends enjoy the kind of amusing summer vacation little girls like to read about.

The Secret. By Dorothy Clewes. Illus. by Sofia Coward-McCann. \$2.50. Escape from cramped apartment living brings two children into an entertaining mystery-adventure.

Windows For Rosemary. By Marguerite Vance. Illus. by Robert Doares. Dutton. \$2.25. A little girl, born blind, finds a normal and satisfying life with her family and friends. (Includes simple explanation of Braille.)

Come Be My Friend. By Irmengarde Eberle. Illus. by Bob Riger. Dodd, Mead. \$2.75. After some trial and error, eight-year-old Jerry finds a way to put an end to the older boys' teasing and becomes their friend.

Twenty-Four And Stanley. Written and illus. by Harvey Weiss. Putnam. \$2.50. Colorful pictures and a gay story about children's beach adven-

Youngsters are readers when they have books with . . .



- EXCITING CONTENT
- VIVID, DRAMATIC STYLE
- AUTHENTIC INFORMATION
- PERSONAL APPEAL

Try these Random House Books for Boys and Girls

Welcomed by teachers as an ideal teaching aid, devoured by youngsters as high adventure, and approved by librarians.

LANDMARK BOOKS

\$1.50 each. For Grades 5-10. Each action-packed book tells of some event or personality that has become a turning-point in history. 97 titles.

Abe Lincoln: Log Cabin to White House

The Story of D-Day, June 6, 1944

Rogers' Rangers and the French and Indian War

The Magna Charta

The Hudson's Bay Company

The West Point Story

ALLABOUT BOOKS

\$1.95 each. For Grades 4-9. Straight facts presented simply and dramatically by renowned scientists. 18 titles.

All About Strange Beasts of the Past

All About Snakes

All About Moths and Butterflies



Write now for booklists

RANDOM HOUSE

457 Madison Ave., New York 22, N. Y.

tures when a sea-going clubhouse fails to float. *Little Pear And The Rabbits*. Written and illus. by Eleanor Frances Lattimoë. Morrow. \$2.50. An old friend reappears in an endearing story of little boy adventures in old China, well flavored with the author's illustrations.

easy-to-read

Seven Simpsons On Six Bikes. By Marion Renick. Illus. by Gertrude Howe. Scribners. \$2.25. Seven Simpsons prove that adventure can happen to ordinary people — especially if they all have bikes.

Too Many Sisters. By Jerrold Beim. Illus. by Dick Dodge. Morrow. \$2. Four sisters change from too many to just enough for young Mike in this humorous family story. Lively pictures.

Three Boys And A Train. By Nan Hayden Agle and Ellen Wilson. Illus. by Marian Honigman. Scribners. \$2.25. The enterprising triplets of earlier books have a real adventure on a train and learn a good deal about railroading.

Berries In The Scoop.

We Live By The River.

Written and illus. by Lois Lenski. Lippincott. \$2.25 each. Two more in a regional series, the first about seasonal cranberry-picking on Cape Cod, the second about families whose lives are affected by the river close to their homes.

Whitey Ropes and Rides. Written and illus. by Glen Rounds. Holiday. \$2.25. Two very young cowhands, Whitey and Josie, discover that being too ambitious brings some disadvantages.

John Billington, Friend of Squanto. By Clyde Robert Bulla. Illus. by Peter Burchard. Crowell. \$2.50. How a young Pilgrim boy was befriended by Squanto in the earliest days of the Plymouth Colony.

mostly about animals

Seven Stars For Catfish Bend. By Ben Lucien Burman. Illus. by Alice Caddy. Funk & Wagmann. \$2.75. Rare humor in the further adventures of these resourceful animals.

Lone Hunter's Gray Pony. By Donald Worcester. Illus. by Harper Johnson. Oxford. \$2.50. How an Indian boy's courage and fortitude help retrieve his stolen pony and serve his tribe. Outstanding illustrations.

Step-A-Bit: The Story of a Foal. Written and illus. by Sam Savitt. Dutton. \$2.95. Beautiful pictures portray the life story of a foal from birth to the beginning of his racing training.

Burrito. Written and illus. by Robin King. Dutton. \$2.25. Humorous drawings carry an entertaining tale of a remarkable burro down Mexico way.

Sociable Toby. By Eleanor Clymer. Illus. by Ingrid Fetz. Watts. \$2.50. How a sociable dog changed the friendless atmosphere of his mistress' home makes an inviting tale.

Syrup. By Margaret G. Otto. Illus. by Polly Jackson. Holt. \$2.50. The liveliest of three dachshund puppies gets in and quickly out of mischief, even on his mistress' wedding day.

**Tough Enough's Trip*. Written and illus. by Ruth

and Latrobe Carroll. Oxford. \$2.75. Another story about Beany, his lively dog, and his gift for attracting unwanted pets.

The Brand New Kitten. By Sally Scott. Illus. by Beth Krush. Harcourt, Brace. \$2.25. A little girl is happy when her adopted rat-catching cat finds another home and she can have her own kitten.

Adventures of Esteban. By Marguerite Butterfield. Illus. by Enrico Arno. Scribners. \$2.50. A very real eight-year-old boy's adventures on the Island of Majorca with his goat and his dog. Effective illustrations.

times past and famous people

**Mr. Peaceable Paints*. Written and illus. by Leonard Weisgard. Scribners. \$2.75. Magnificent pictures and a good story bring to life the spirit and atmosphere of old New England village life.

Ride On The Wind. By Alice Dalgliesh. Illus. by Georges Schreiber. Scribners. \$2.75. A handsome and inspiring version for children of the story of the first solo flight across the Atlantic.

The Story of Valentine. By Wilma Pitchford Hays. Illus. by Leonard Weisgard. Coward-McCann. \$2.50. Touching story of the saintly Roman whose love of children gave his name immortality.

Nathanael Greene, Independent Boy. By Howard Peckham. Illus. by Paul Laune. Bobbs-Merrill. \$1.75. Engrossing story of this little-known Revolutionary general and his childhood Quaker background, with amusing family anecdotes.

Daniel Boone. By Irwin Shapiro. Illus. by Miriam Story Hurford. Simon & Schuster. 25c.

Daniel Boone, Hunter, Trapper and Indian Fighter. By Lilian Moore. Illus. by William Moyers. Random. \$1. Two life stories of the famous woodsman, both superb in the telling, the first briefer and inexpensive, the second a large colorful book with bold pictures.

Ages nine, ten, eleven and twelve

fun and fantasy

**The Little Bookroom*. By Eleanor Farjeon. Oxford. \$3. Princes and princesses, woodcutters' sons and daughters, and all the other inhabitants of Eleanor Farjeon's magic world in a rare collection.

The Silver Nutmeg. By Palmer Brown. Harper. \$2.50. Fantasy and sentimentality blend in this story of a little girl who discovers a new point of view in a wonderful world of upside down.

**Mio, My Son*. By Astrid Lindgren. Viking. \$2.75. A lonely and unloved boy finds comfort and happiness in a fantasy world he makes for himself.

The Enchanted Schoolhouse. By Ruth Sawyer. Viking. \$2.50. Believable, laughable and lovable Irish magic on an Atlantic crossing, sightseeing in New York City, and working spells in Maine.

The Adventures of So Hi. By Cynon Beaton-Jones. Vanguard. \$3. A modern fantasy with old-

fashioned charm, and a good measure of dragons, fairies and such.

•*The Enormous Egg*. By Oliver Butterworth. Little, Brown. \$2.95. Astonishing doings in a small New England town when a dinosaur egg hatches and complicates the lives of a boy and his long-suffering family.

Freddy and Simon The Dictator. By Walter R. Brooks. Knopf. \$3. Our good old friends of Mr. Bean's farm and their humorous struggles for democracy in the farmyard.

Jonah The Fisherman. Written and illus. by Reiner Zimnik. Pantheon. \$3. Rare and entertaining nonsense about a Paris fisherman whose ambitions lead him to an enchanting world tour. Unusual line drawings.

The Amazing Vacation. By Dan Wickenden. Harcourt, Brace. \$2.95. Lively through-the-looking-glass type of adventure, written with tongue-in-cheek humor and a pot-pourri of events reminiscent of many childhood favorites.

•*Capt. Kidd's Cat*. Written and illus. by Robert Lawson. Little, Brown. \$3. Strange and hilarious tale of the villainous pirate as related by his loyal cat, who says it was all a terrible mistake.

Mrs. Wappinger's Secret. By Florence Hightower. Houghton Mifflin. \$3. A very believable boy of ten has unbelievable adventures with the help of an eccentric old lady on an island off Maine. *Second Satellite*. By Robert S. Richardson. Whittemore. \$2.75. An exciting story of two children who help their father chart a possible earth satellite at Mt. Wilson Observatory.

Stowaway To The Mushroom Planet. By Eleanor Cameron. Little, Brown. \$2.75. Further adventures of these remarkable boys and their interplanetary explorations, impossible to disbelieve.

Starboy. By Carl L. Biemiller. Holt. \$2.50. A boy from space visits a boy on earth in a fast-moving, believable science-fiction adventure.

girls and boys

Indigo Magic. By Mildred Lawrence. Harcourt, Brace. \$2.95. Good characterization in an account of a young girl's friendship with a bound girl in colonial Florida.

Tabitha's Hill. By Ruth Holberg. Doubleday. \$2.75. Happy little-girl adventures on Cape Ann a century ago, written by a master-hand at such stories.

Marged: The Story of a Welsh Girl in America. By Florence Musgrave. Ariel. \$2.75. A little girl's peaceful life with her family is shattered when tragedy strikes the home during the Ohio River flood.

"*The Sun Shines Bright*." By Julilly H. Kohler. Crowell. \$2.75. A twelve-year-old girl, during a Kentucky summer, experiences the trouble and satisfaction of growing up.

Cousins. By Evan Commager. Harper. \$2.75. The charm of Southern traditions in a story of three young people who follow a family mystery and find romance.

**The O'Donnells*. By Peggy Sullivan. Follett. \$3.

—MORROW JUNIOR BOOKS—

by

Jerrold Beim

whose ability to meet children on their own grounds has put him in the forefront of picture-story writers.

Thin Ice

A little boy discovers how important it is to know how to read. Illus. Ages 6-9. \$2.00

Laugh and Cry

A book that introduces young readers to the important subject of their own emotions. Illus. Ages 6-10. \$2.00

Too Many Sisters

A boy with four sisters discovers even girls can prove useful. Illus. Ages 6-9. \$2.00

Country School

Tony conquers his resentment of the big modern replacement for the little country school. Illus. Ages 4-8. \$2.00

Mister Boss

An entertaining story of a boy who is given command of the household for a day. Illus. Ages 6-10. \$2.00

The Taming of Toby

A mischievous boy discovers why it is important for him to behave in class. Illus. Ages 4-8. \$2.00

WILLIAM MORROW & COMPANY
425 Fourth Avenue, New York 16

A warm and compelling family story of first and second generation Irish-Americans.

Family Sabbatical. By Carol Ryrie Brink. Viking. \$2.75. An American family's humorous and believable adventures at an old hotel in the provinces and a small inn in Paris, based on actual experiences.

Miracles On Maple Hill. By Virginia Sorensen. Harcourt, Brace. \$2.95. Exceptionally sensitive and thoughtful picture of a soldier's breakdown and recovery seen through the eyes of his ten-year-old daughter.

**A Room For Cathy*. By Catherine Woolley. Morrow. \$2.50. Some very real economic problems confront the family, and Cathy discovers the satisfactions of sharing her home with outsiders.

Flood Friday. By Lois Lenski. Lippincott. \$2.50.

Flood Waters. By Jerrold Beim. Harcourt, Brace. \$2.75. Two stories about last year's catastrophic Connecticut floods, showing the children's reactions, and how families and communities worked together to recover.

Navaho Sister. By Evelyn Sibley Lampman. Doubleday. \$2.75. A sad and lonely Navaho girl acquires a family when she leaves her aged grandmother's Hogan to go to the Chemawa Indian school in Oregon.

The Lone Hunt. By William O. Steele. Harcourt, Brace. \$2.75. A vivid account of a buffalo hunt climaxes an understanding story of a young boy's struggle for independence.

The Rocking Chair Buck. By Cora Cheney. Holt. \$2.25. An adopted boy, living with his uncle, solves the mystery of who shot the buck out of season.

Sure Thing For Shep. By E. H. Lansing. Crowell. \$2.50. A Kentucky hill boy comes to grips with the problem of saving his home place in this realistic and poignant story.

**All For A Friend*. By Kay Avery. Crowell. \$2.50. Lively summer doings in a small Vermont village when Tom finds a new friend in an elderly Indian and helps him win acceptance by his fellow villagers.

Wonderful New Neighbors. By Ruth Helm. Lippincott. \$2.75. Heartwarming story of a boy's adjustment to a new father, a new home, and wonderful Amish neighbors.

Misko. By Alvina Seckar. Oxford. \$2.75. This satisfying and moving story, set in the soft coal district, depicts the growth of community cooperation sparked by real, likeable boys.

The Corn Grows Ripe. By Dorothy Rhoads. Illus. by Jean Charlot. Viking. \$2.75. Life and ancient customs of a village in Yucatán in the story of a boy who must do a man's job.

Miracle For Mingo. By Aylesa Forsee. Lippincott. \$2.65. Everyday life and adventure in Ecuador are combined in this story of a boy who seeks his lost brother.

Lantern In The Valley. By Faye C. Griffis. Macmillan. \$2.50. Five Japanese children and their parents wage a losing battle to live on a two-

HOLT BOOKS are sailing along like a

BALL IN THE SKY

By ESTHER M. DOUTY. Illustrated by Douglas Gorsline.
Ages 11 up. \$2.75

SYRUP

By MARGARET G. OTTO.
Illustrated by Polly Jackson.
Ages 6-9. \$2.50

STARBOY

By CARL BIEMILLER. Illus.
Illustrated by Kathleen Voute.
Ages 8-11. \$2.50

THE ROCKING CHAIR BUCK

By CORA CHENEY. Illustrated by Paul Galdone.
Ages 7-10. \$2.25

ROSA BONHEUR: HER LIFE

By CATHERINE O. PEARCE.
Illustrated by Margaret Ayer.
Ages 9-12. \$2.25

NELLIE BLY

By NINA BROWN BAKER.
Illustrated by George Fulton.
Ages 10 up. \$2.50

Recommended by Child Study Association

At all bookstores

HENRY HOLT & COMPANY, Inc. NEW YORK 17, N. Y.



acre rice paddy in a story of family togetherness.
**Won Kim's Ox*. By Philip Eisenberg. Follett. \$2.50. The quality of a folk tale pervades this absorbing story of the search across Korea for a cure for a "bewitched" donkey.

sports

- Hillbilly Pitcher*. By C. P. and O. B. Jackson. Whittlesey. \$2.50. A young pitcher from the Tennessee hills rises above the distress of prejudice and gains eventual acceptance in a Northern high school.
Bats & Gloves Of Glory. By Marion Renick. Scribner. \$2.50. A good baseball story centering about a boy's hobby club in school.

animal stories

- **The Horse of Hurricane Hill*. Written and illus. by C. W. Anderson. Macmillan. \$2.75. A colt who has run wild with deer becomes a blue-ribbon winner in the hands of a sixteen-year-old boy. Beautifully illustrated.
I Give You My Colt. By Alice Geer Kely. Longmans. \$2.75. Two young boys connive to keep a horse for themselves and end up owning one honestly, in this delightful story of modern Persia.
A Dog For Davie's Hill. By Clare Bice. Macmillan. \$3. A boy and his dog in the Scottish Highlands, their joys, their sorrows, and their exciting adventures. Fine pictures.

times past and famous people

- Cave of Riches: The Story of the Dead Sea Scrolls*. By Alan Honour. Whittlesey. \$2.75. Better than a detective story, a true account of a Bedouin boy's discovery of what proved to be priceless ancient records. Something about methods used in the excavation and identification of such rare finds.
King Solomon's Horses. By Nora Benjamin Kubie. Harper. \$2.75. Appealing story of a boy and a horse in a convincing setting of ancient Israel.
Niko: Sculptor's Apprentice. By Isabelle Lawrence. Viking. \$2.50. A twelve-year-old boy's personal sacrifice brings to sparkling life the ways of ancient Athens.
Detectives In Togas. By Henry Winterfeld. Harcourt, Brace. \$2.75. Lively and informative story with realistic ancient Roman background.
Black Fox Of Lorne. Written and illus. by Marguerite de Angeli. Doubleday. \$2.95. Twin sons of a Norse Viking find adventure and faith in tenth-century Scotland. A distinguished book with beautiful pictures.
The Silver Horn of Robin Hood. By Donald E. Cooke. Winston. \$3.50. The complete story of Robin Hood in a lively and straightforward telling. Handsome format.

- Red Falcons of Trémoine*. By Hendry Peart. Knopf. \$3. Exciting tale of chivalry in twelfth-century England through the adventures of a fifteen-year-old boy.
Horses For The General. By Erick Berry. Macmillan. \$2.75. Humor enlivens this action-packed adventure tale of a fourteen-year-old's

efforts to enlist in Washington's army.
Sea Lady. By Julie Forsyth Batchelor. Harcourt, Brace. \$2.25. An eleven-year-old boy proves his skill when he saves a prize figurehead in the burning shipyards during the War of 1812.

The Queen's Gold. By Norma R. Youngberg. Morrow. \$2.75. An adventuresome English boy and his foster family in the wilds of Borneo a hundred years ago. Fine feeling for the dignity of the supposed "savages."

The Peddler's Cart. By Elizabeth Coatsworth. Macmillan. \$2.75. A father and son's adventures during a summer of peddling along the new Erie Canal, lovingly told.

Young Brave Algonquin. By Priscilla Carden. Little, Brown. \$2.50. A young Indian boy and his adopted white brother in a story told with understanding and suspense.

We-Were-There Books. Grosset. \$1.95 each.
We Were There With The Mayflower Pilgrims. By Robert N. Webb.

We Were There At The Battle Of Gettysburg. By Alida Sims Malkus.

We Were There In The Klondike Gold Rush. By Benjamin Appel.

Outstanding titles in a new series which enlivens history by showing it through the eyes of a family on the spot, in a blend of fact and fiction.

Landmark Books. Random. \$1.50 each.

The Magna Charta. By James Daugherty.

Martin Luther. By Harry Emerson Fosdick.
Ethan Allen And The Green Mountain Boys. By Slater Brown.

Sequoyah: Leader of the Cherokees. By Alice Marriott.

**Abe Lincoln: Log Cabin to White House*. By Sterling North.

The World's Greatest Showman: The Life of P. T. Barnum. By J. Bryan III.

The Early Days Of Automobiles. By Elizabeth Janeway.

The Story Of D-Day: June 6, 1944. By Bruce Bliven, Jr.

Important titles from this outstanding series of historical stories.

Signature Books. Grosset & Dunlap. \$1.50 each.
The Story of Annie Oakley. By Edmund Collier.

The Story of Franklin D. Roosevelt. By Lorena A. Hickok.

The Story of Dwight D. Eisenhower. By Arthur J. Beckhard.

Well-liked biographies, skillfully written for easy-reading.

Amerigo Vespucci. By Nina Brown Baker. Knopf. \$2.50.

Balboa: Finder of the Pacific. By Ronald Syme. Morrow. \$2.50.

Two lively biographies of the early explorers of America.

**Cartier Sails The St. Lawrence*. By Esther Avrill. Illus. by Feodor Rojankovsky. Harper. \$3. Straight, non-fiction account of Cartier's voyages distinguished for its warmth, its historical integrity and superb illustrations.

**Mr. Justice Holmes*. By Clara Ingram Judson. Follett. \$3.50. Over ninety years of changing American life in Boston and Washington are background for this brisk biography of the Great Dissenter.

Bernadette And The Lady. By Hertha Pauli. Farrar. \$1.95. Simple, dignified account of this saint's life, stressing her devotion and humility. *Queen Victoria*. By Molly Costain Haycraft. Messner. \$2.95. Vivid biography enlivened by dialogue from Victoria's diary, full of historical personages and important events.

Rosa Bonheur: Her Life. By Catherine Owens Peare. Holt. \$2.25. Easy-reading, somewhat rose-hued story of the woman who became one of France's famous artists.

Nellie Bly. By Nina Brown Baker. Holt. \$2.50. Lively account of this famous woman reporter's life and her struggles to make her place in a man's world.

folklore and legends

**The Iliad And The Odyssey*. Adapted by Jane Werner Watson. Illus. by Alice and Martin Provensen. Simon & Schuster. \$3.95. Dramatic adaptation of Homer's heroic tales in a handsome book with bold, modern illustrations.

The Gypsies' Fiddle. By M. A. Jagendorf and C. H. Tillhagen. Vanguard. \$3. Tall tales of the road, presented with gusto, especially good reading aloud and telling.

**The Priceless Cats And Other Italian Folk Stories*. By M. A. Jagendorf. Illus. by Gioia Fiambenghi. Vanguard. \$3. Lively wit and charm add flavor to these folk tales, told with real feeling for the moral and religious customs and beliefs of the people.

The Magic Calabash: Folk Tales from America's Islands and Alaska. Edited by Jean Cothran. Illus. by Clifford N. Geary. McKay. \$2.50. Authentic feeling and quality in unusual tales especially valuable for reading aloud and storytelling.

Sashes Red And Blue. By Natalie Savage Carlson. Illus. by Rita Fava. Harper. \$2.50. More French-Canadian tales replete with true folk humor and wisdom.

**Glooskap's Country And Other Indian Tales*. By Cyrus Macmillan. Illus. by John A. Hall. Oxford. \$3.50. Distinguished collection of Eastern Canadian Indian myths and legends centering around the supernatural hero, Glooskap. Fine writing and dramatic illustrations. For the thoughtful child.

Ages thirteen and over

**Stories From Shakespeare*. Retold by Marchette Chute. World. \$3.75. Thirty-six plays, in the order in which they appeared in the famous "First Folio," clearly interpreted with a vivid introduction to Shakespeare's theatre.

**West Of Boston*. By James Daugherty. Viking. \$3. A living, breathing portrait of America, its people and history of freedom in bold strokes and free-wheeling verse by a fine artist and profound historian.

biography

Ferdinand Magellan. By Ronald Welch. Criterion. \$3. Detailed study of the explorer as a man with strong convictions and daring courage.

Mozart. By Manuel Komroff. Knopf. \$3. The life and career of the musical "wonder-child" through all his trials and glory.

The Empress Josephine. By Marguerite Vance. Dutton. \$2.75. The life story of this fascinating woman skillfully and truthfully handled to show the personality traits which led to her tragic failure.

Trail Blazer Of The Seas. By Jean Lee Latham. Houghton Mifflin. \$2.75. This absorbing biography of Navy Lieutenant Matthew Maury illuminates our early struggles to build a navy.

**Young Mariner Melville*. By Jean Gould. Dodd, Mead. \$3. Splendid story of a good sailor and a good thinker whose life at sea led him to the quest of Moby Dick.

Ball In The Sky. By Esther M. Douty. Holt. \$2.75. Vigorous telling about the first American balloonist, John Wise, and his contributions to aeronautics.

Audubon And His Sons. By Amy Hogeboom. Lothrop. \$3. Audubon's struggle for recognition and interesting highlights on his family relationships.

**Out Of The Wilderness: Young Abe Lincoln Grows Up*. By Virginia S. Eifert. Dodd, Mead. \$3. Unusual portrait of young Lincoln, his family and the simple beginnings from which he rose.

Wyatt Earp: Marshal of the Old West. By Olga Hall-Quest. Ariel. \$2.75. Detailed account of the life and exploits of a rediscovered Western hero.

The Age Of Worth: Couturier to the Empress Eugénie. By Edith Saunders. Indiana University Press. \$3.75. Fascinating account of the life of Charles Frederick Worth in Paris and his influence on the "Elegant Age."

The Man Who Gave Away Millions: The Story of Andrew Carnegie. By Kathleen Fidler. Roy. \$2.50. This story of one famous industrialist brings to life the fabulous era when men and machines combined to destroy the hand-craftsmen and amass fortunes for others.

Paderewski. By Charlotte Kellogg. Viking. \$3.50. Excellent biography of this colorful and versatile musician and Polish patriot.

The Life Of Winston Churchill. By Leonard Wibberley. Ariel. \$3. Extremely readable biography of an exciting and unpredictable man with emphasis on his adventurous youth.

The Story Of Eleanor Roosevelt. By Jeanette Eaton. Morrow. \$3.95. Rich and vivid presentation of this great lady's unique service to the world through her work in the United Nations.

historical stories

**Viking's Dawn*. By Henry Treece. Criterion. \$3. Stark tale of incredible courage, bloodshed and fighting, loyalty and betrayal, told in the lyric

A BAKER'S DOZEN DELIGHTS

NEW *Longmans* JUNIOR BOOKS

I Give You My Colt

By ALICE GEER KELSEY. The story of two horse-loving boys in modern Iran, enlivened by some Mullah stories and Kashagai folk tales. *Illustrated by Helen Torrey.*

Ages 8-12. \$2.75

Secret Friend

By NETA LOHNESS FRAZIER. Rhoda finds a friend her own age to share in experiences which will delight younger girls.

Ages 8-12. \$2.75

Blow, Bugles, Blow

By MERRITT PARMELEE ALLEN. An orphan boy enlists in the Union Army and serves General Sheridan in this dramatic Civil War tale.

Ages 12-16. \$3.00

Girl in a Hurry

By VIOLA ROWE. Missy's hurry to grow up leads her into some mishaps and mixups, but all works out well in the long run.

Ages 12-16. \$2.75

Is This My Love

By GERTRUDE E. FINNEY. A story of early Jamestown and a young woman's struggle to build a new life in America.

Ages 12-16. \$3.00

Star Dust

By SHIRLEY BELDEN. The glamour of the theater and the excitement of the business world color this story of a college girl's search for a career. Ages 12-16. \$2.75

Levko

By ANNE MacMILLAN. Life on an American farm poses problems for a Ukrainian boy, and a strange secret adds complications.

Ages 12-16. \$2.75

The Golden Window

By ERNIE RYDBERG. A campus story of college dreams, planning a life, and learning to know about people. Ages 12-16. \$2.50

Song of the Wheels

By CHRISTINE PRICE. Jared and his family see their dreams swept away in the Farmer's Rebellion of the early eighteenth century, but new land is to be had in Vermont.

Ages 12-16. \$3.00

Prisoner in the Circle

By E. D. MYGATT. Life on an Indian reservation is the background for this story of a Boy Scout who casts his lot with the Cheyennes.

Ages 12-16. \$2.75

The Seminole Trail

By DEE DUNSING. A young Army scout is the hero of a Seminole War story that features accurate and fair background on the often mistreated Seminoles.

Ages 12-16. \$3.00

Chocolate Soda

By HELEN MILLER SWIFT. A high school girl resents the time she must give to the family business until she finds a true sense of values.

Ages 12-16. \$3.00

Mankind Against the Killers

By JAMES HEMMING. The dramatic story of man's battle against disease — the victories won and the challenges still remaining. *Photographs.*

Ages 12 up. \$3.50

Send for new Junior Books Catalog

LONGMANS, GREEN AND COMPANY • 55 Fifth Avenue, New York 3

- language of a saga. Not for the tender-hearted.
- **Ransom For A Knight*. By Barbara Leonie Picard. Oxford. \$3.25. Story of a young girl's thrilling rescue of her father and brother from captivity by the Scots. A fascinating picture of fourteenth-century England.
- The Star Of Fortune*. By Cynthia Harnett. Putnam. \$3. A zestful story of young adventure in Elizabethan England, with the youthful princess herself involved with the family of Laurence Washington of Sulgrave Manor.
- The Witchcraft Of Salem Village*. By Shirley Jackson. Random. (Landmark) \$1.50. Absorbing and restrained account of the mass hysteria in Massachusetts Colony in 1692.
- Young Men So Daring*. By Vera Kelsey. Bobbs-Merrill. \$2.75. Vigorous adventures of four young fur traders who opened up the great West in the early nineteenth century.
- Frances Marion: Swamp Fox of the Revolution*. By Beryl Williams and Samuel Epstein. Messner. \$2.95. Fine scholarly account of the quiet South Carolina gentleman who became "The Swamp Fox" of the American Revolution.
- Benedict Arnold: Traitor to His Country*. By Jeannette Covert Nolan. Messner. \$2.95. Frightening, absorbing account of the life of the famous spy who betrayed his trustful leader, George Washington, and his own country.
- Action Starboard!* By Victor Mays. Houghton Mifflin. \$2.75. Thrilling sea adventure about a boy's first ocean trip during the War of 1812 on a trading ship that ends up as a privateer.
- The Andrews Raid or The Great Locomotive Chase*. By Samuel and Beryl Epstein. Coward-McCann. \$2.95. Dramatic telling of this famous Civil War episode.
- The Fifer Of San Jacinto*. By Lee McGiffin. Lothrop. \$3. The early days of Texas come to life as a young school teacher finds that book learning is a much needed commodity on the frontier.
- Longhorn: A Story of the Chisholm Trail*. By Bruce Grant. World. \$2.75. Western adventure in the colorful, exciting cattle drive across the Texas plains in 1879.
- Mysteries Of The North Pole*. By Robert de la Croix. John Day. \$3.50. The unsolved disappearance of four Arctic expeditions and speculation on the possible causes.
- stories for girls**
- **Jacquin's Daughter*. By Joanne S. Williamson. Knopf. \$3.50. The turmoil and upheaval of the French Revolution as seen through the eyes of a Parisian girl, in vivid events and personalities and the thread of a gentle romance.
- The Daughter*. By Borghild Dahl. Dutton. \$3. The growing up of a rebellious Norwegian girl in the strict mores of 1860.
- Lost Pond*. By Marguerite Fellows Melcher. Viking. \$2.50. A young girl's search for deepening insight brings her to the beginning of romance in the New Hampshire of the 1890's.
- Wilderness Teacher*. By Zachary Ball and Myra Fowler. Rand McNally. \$2.75. Excitement and adventure with a young girl from Ohio who continues her career as a teacher in the Florida wilderness in 1894.
- **Castle On The Border*. By Margot Benary-Isbert. Harcourt. \$3. A young girl's awakening to the realization of life's highest purpose in an absorbing story of postwar Germany.
- **Fifteen*. By Beverly Cleary. Morrow. \$2.75. A first tender boy-girl love handled with a light and humorous touch but with deep understanding of the growing pains of age fifteen.
- **The Day And The Way We Met*. By Mary Stoltz. Harper. \$2.50. Perceptive story of a family's changing fortunes and the development of the younger sister through responsibility and romance.
- The Highest Dream*. By Phyllis A. Whitney. McKay. \$3. The work of the United Nations seen through the eyes of a college graduate whose job as a guide leads to romance and a career.
- adventure**
- Frozen Fire*. By Armstrong Sperry. Doubleday. \$2.75. Superlative adventure in Brazil with bloodcurdling jungle lore, encounters with head hunters, and a man-against-man search for ancient treasure.
- African Safari*. By Edward W. Pastore. Dodd, Mead. \$3. Authentic account of a safari, full of adventure and thrills.
- The Java Wreckmen*. By Frank Crisp. Coward-McCann. \$3. Mystery and adventure, complete with sunken submarine, gold treasure and the perils of the sea plus Indonesian politics.
- **Up Periscope*. By Robb White. Doubleday. \$2.75. Thrilling underwater adventure with authentic Navy background, vivid characterizations and unexpected humor.
- Arctic Bush Pilot*. By Bud Helmericks. Little, Brown. \$3. Exciting, informative account of a summer in the life of a young flier.
- Island In The Bay*. By Dorothy Simpson. Lippincott. \$2.50. A young lobsterman and his stern grandfather in Maine come to grips with their mutual conflicts. Fine local color and details about lobstering.
- Bright Midnight*. By Trumbull Reed. Westminster. \$2.75. A courageous boy and his struggle to return to college life after being blinded in an accident.
- **The House Of Sixty Fathers*. By Meindert DeJong. Harper. \$2.50. This heartrending and dramatic account of a Chinese boy during the Japanese War makes an unforgettable emotional experience.
- **To Beat A Tiger*. By Elizabeth Foreman Lewis. Winston. \$2.75. The efforts of a group of boys to survive in Shanghai in 1937 and their eventual triumph over the grim fortunes of war. Vivid details of war-torn China.
- Lucky Starr And The Big Sun Of Mercury*. By Paul French. Doubleday. \$2.50. This space explorer and his pal, Bigman, solve the problems that beset Project Light on Mercury.
- Go, Navy, Go*. By Joe Archibald. Macrae-Smith. \$2.75. An Annapolis midshipman learns to ac-

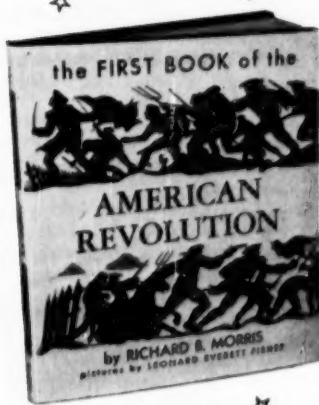


A YOUNG LIFE TODAY Book

EXACTLY LIKE BEN'S

By LILLIAN GARDNER. Pictures by Michael Mitchell. A natural-as-life story about a golden period of childhood, when it's normal for a little girl to want her things to be exactly like her closest friend's and playmates—exactly like Ben's. But growing up breaks the spell. Here's a fine story of one child's solution of a problem common to most children. The author's previous success is *Somebody Called Booie*.

Ages 7-10. \$2.50



The FIRST BOOK of The AMERICAN REVOLUTION

By RICHARD B. MORRIS, Professor of History, Columbia University. Pictures with color by Leonard Everett Fisher, Pulitzer Prize-winning artist. Just published.

This exciting, concise narrative of the conflict makes its campaigns and leaders, basic causes and world-wide effects clear to young people. The author is a leading authority on our War for Independence. Other FIRST BOOKS about Our Country are the popular FIRST BOOKS of AMERICA and PRESIDENTS (CSA recommended), HOLIDAYS and CONGRESS, recently published. Each \$1.95

Send for FIRST BOOKS Reading Kit, 10¢

SOCIALE TOBY

By ELEANOR CLYMER. Pictures by Ingrid Fetz. Toby is first a lonely dog in a pet shop, then a lonely dog in the home of elderly Miss Dusenberry—who has herself been lonely so long that it's a habit. But Toby's too sociable to let that last, and a winter's knock-out blizzard gives him his big opportunity to bring all the neighborhood together. By the author of *Not Too Small After All*. Ages 7-10 \$2.50

At all book stores, or

**FRANKLIN
WATTS Inc.**

Dept. CS, 699 Madison Ave., N. Y. 21

A YOUNG LIFE
TODAY Book



cept Academy traditions and standards, to the profit of his studies and football success.

stories about animals

- Shoe The Wild Mare.* By Edmund Gilligan. Knopf. \$2.50. Compelling tale of a boy and his beloved stallion and their near disaster with the savagery of wild horses on Sable Island.
- The Runner.* By Jane and Paul Annixter. Holiday. \$2.75. Thrilling, poignant story of a teenage boy and his success in taming a wild colt.
- The Black Stallion's Courage.* By Walter Farley. Random. \$2. The "Black" makes his comeback amid the excitement and glamour of the best-known race tracks.
- Trading Jeff And His Dog.* By Jim Kjelgaard. Dodd, Mead. \$2.75. Warm and vital story of a peddler's experiences settling in a back-mountain community at the turn of the century.
- Pigeon, Fly Home!* By Thomas Liggett. Holiday. \$2.75. Drama and tragedy in a fascinating story about a boys' club raising pigeons.

Religious Interests

- The Big Treasure Book Of Prayers And Graces.* Selected by Dorothy Sheldon. Illus. by Pelagie Doane. Grosset & Dunlap. \$1. Familiar, beloved poems of grace, enriched by simple pictures. (3 and over)
- Mary Is Our Mother.* By F. R. Boschvogel. Illus. by G. Schatteman. Kenedy. \$2. Beautiful, reverent and sturdy retelling of Mary's story. (6-9)
- The Golden Thorn.* By Helen F. Daringer. Harcourt, Brace. \$2.75. Searching for spiritual happiness leads a young girl to cast in her lot with Jesus and His followers. (12 and over)
- Abbeys.* By Edmund Vale. Illus. by John Maansbridge. Macmillan. \$1.75. Splendid, richly informative account of the great abbeys of England and the Continent—their important part in medieval life. (12 and over)

The World We Live In

- The Beginning: Creation Myths around the World.* By Maria Leach. Illus. by Jan Bell Fairervis, Funk & Wagnalls. \$3.50. Stories of creation from all over the world with fine feeling for their original wording. (12 and over)
- Looking At History: Britain from Cavemen to the Present Day.* By R. J. Unstead. Color Plates by C. W. Bacon. Macmillan. \$4. Inviting social history of England, packed with fascinating facts. (9 and over)
- Seven Days From Sunday.* By Tom Galt. Illus. by Don Freeman. Crowell. \$3. The origins of our system of time-keeping, interesting to all who observe a seven day week. (12 and over)
- The Mission Indians Of California.* By Sonia Bleeker. Illus. by Althea Karr. Morrow. \$2. Early Spanish mission days in California with emphasis on the suffering of the conquered Indians. (10-12)
- The Silver Mace: A Story of Williamsburg.* Written and illus. by Maud and Miska Petersham. Macmillan. \$2.25. Beautiful illustrations illuminate a simple account of Williamsburg's his-

tory. (9-12)

The Story Of The "Old Colony" Of New Plymouth.

By Samuel Eliot Morison. Illus. by Charles H. Overly. Knopf. \$3.50. Scholarly, detailed and richly informational record of the early settlement in Massachusetts. (13 and over)

**The Wonderful World Of Archaeology.* By Ronald Jessup. Illus. by Norman Battershill and Kenneth Symonds. Garden City. \$2.95. Thrilling, absorbing story of the world's most baffling jigsaw puzzle. Copiously illustrated in color. (11-14)

The Romance Of Writing. Written and illus. by Keith Gordon Irwin. Viking. \$3.50. Origins and development of written language, from hieroglyphics to our alphabet, including written music and many of our symbols. (12 and over)

Bridges. Written and illus. by Henry Billings. Viking. \$3.50. The romantic story of bridges across America viewed from a grand historical perspective. (12 and over)

The First Books. Watts. \$1.95 each.

The First Book Of The West Indies. By Langston Hughes. Illus. by Robert Bruce. (8-11)

The First Book Of Trains. By Russell Hamilton. Illus. by Jeanne Bendick. (7-9)

**The First Book Of Codes And Ciphers.* By Sam and Beryl Epstein. Illus. by Laszlo Roth. (8-12)

The First Book Of Weather. By Rose Wyler. Illus. by Bernice Myers. (8-11)

The First Book Of Food. Written and Illus. by Ida Scheib. (8-11)

The First Book Of Sewing. Written and illus. by Catherine Roberts. (8-11)

A variety of subjects interesting to young readers in attractive, well-illustrated introductory books.

The True Books. Children's Press. \$2. each.

The True Book Of Knights. By John Lewellen. Illus. by Frances Eckart.

The True Book Of Airports and Airplanes. By John Lewellen. Illus. by Richard Gates.

The True Book Of Tropical Fishes. By Ray Broekel. Illus. by Rocco Dante Navigato. Clear, informative, easy-to-read primers on these subjects. (6-9)

The Young Traveler In India And Pakistan.

The Young Traveler In Greece.

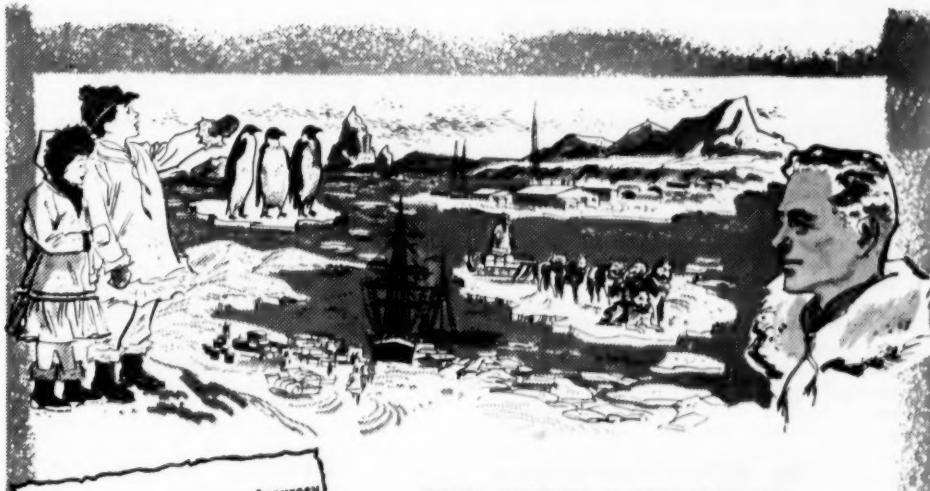
By Geoffrey Trease. Dutton. \$3.50 each. Geographical and historical facts as well as social and economic problems in these countries as seen by two young visitors. (11-13)

In France. By Marguerite Clement. Illus. by William Pène Du Bois. Viking. \$3. France is living and real in this leisurely and thoughtful guide. (12 and over)

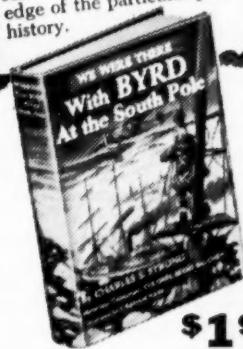
The Land And People Of The Philippines. By Josephine Budd Vaughan. Photographs. Lippincott. \$2.75. History and customs from the earliest times to the present, and development from a colony to a republic. (12 and over)

Challenge Books. Coward-McCann. \$1.95 each.

People Of The Snow: Eskimos of Arctic Canada. By Wanda Tolboom. Illus. by Donald Pitcher.



Outstanding Experts Insure Accuracy
Each book is a visualization of a dramatic historical event, brought into focus for young readers by a lively plot concerning the adventures of a teen age boy and girl, living in the time the event takes place. Each author has worked closely with an historical consultant selected for his special knowledge of the particular phase of history.



**\$1.95
each**

WE WERE THERE WITH THE MAYFLOWER PILGRIMS by Robert N. Webb; Hist. Consit. George F. Willison

WE WERE THERE WITH THE PONY EXPRESS by William O. Steele; Hist. Consit., Sylvester Vigilante

WE WERE THERE WITH THE CALIFORNIA FORTY-NINERS by Stephen Holt; Hist. Consit., Oscar Lewis

WE WERE THERE WITH ETHAN ALLEN AND THE GREEN MOUNTAIN BOYS by Robert N. Webb; Hist. Consit., Chilton Williamson

FOR BOYS AND GIRLS— THE EXCITEMENT OF GREAT EVENTS OF HISTORY

"WE-WERE- THERE" BOOKS

WE WERE THERE WITH BYRD AT THE SOUTH POLE by Charles S. Strong. Illustrated by Graham Kaye. Historical consultant, Col. Bernt S. Balchen, Pilot, Byrd's first South Pole flight. \$1.95

WE WERE THERE AT THE BOSTON TEA PARTY by Robert N. Webb. Illus. by Edmund F. Ward. Historical consultant, Louis L. Snyder, Assoc. Prof. of History, College of the City of New York. \$1.95

WE WERE THERE IN THE KODIAKE GOLD RUSH by Benjamin Appel. Illustrated by Irving Docktor. Historical consultant, Henry W. Clark, author of "Alaska, the Last Frontier." \$1.95

WE WERE THERE ON THE OREGON TRAIL by William O. Steele. Illus. by Jo Polseno. Historical consultant, Ray W. Irwin, Assoc. Prof. of American History, New York University. \$1.95

WE WERE THERE AT THE NORMANDY INVASION by Clayton Knight. Illustrated by author. Historical consultant, Maj. Gen. Ralph Royce, USAAF (Ret.). \$1.95

WE WERE THERE AT THE BATTLE OF GETTYSBURG by Alida Sims Malkus. Illustrated by Leonard Vosburgh. Historical consultant, Earl S. Miers, author of "Gettysburg," "The Web Of Victory" and many others. \$1.95

GROSSET & DUNLAP

1107 BROADWAY NEW YORK 10, N. Y.

- Highway To Adventure: The River Rhone of France.* By Patricia Lauber. Illus. by Charles and Elena Beck.
- Battle Against The Sea: How the Dutch Made Holland.* By Patricia Lauber. Illus. by Donald Pitcher.
- Cobras, Cows And Courage: Farm Life in North India.* By Jean Bothwell. Illus. by Donald Pitcher.
- A well-written series, designed to present geography in human terms. Illuminating photographs and maps. (11-13)
- The Complete Book Of Space Travel.* By Albro Gaul. Illus. by Virgil Finlay. With a supplement of early space ships compiled by Sam Moskowitz. World. \$4.95. What is now known about space and planets, the kinds of ships and crews required and what they are likely to find when they land. (12 and over)
- **Caves Of Mystery: The Story of Cave Exploration.* By John Scott Douglas. Dodd, Mead. \$3. Fascinating descriptions of cave discovery and exploration presented as a series of exciting adventures. (13 and over)
- Worlds Without End.* By Isabel Barclay. Illus. by Rafael Palacios. Doubleday. \$3.95. Explorations from the ancient Egyptians to the Polar expeditions, planes and planets of today presented on a scholarly level. (12 and over)
- The World's Most Daring Explorers.* By R. S. Lambert. Illus. by Robert Kunz. Sterling. \$3.50. Absorbing record of the thirty-eight men who explored the world, with answers to the reader's "how" and "why." (10 and over)
- Annapolis: The Life of a Midshipman.* Photographs. Foreword by Admiral Robert B. Carney, U. S. Navy (Ret.)
- West Point: The Life of a Cadet.* Photographs. Foreword by General Matthew B. Ridgway. U. S. A., Ret. By Jack Engeman. Lothrop. \$3.50 each. Candid pictures of the life, customs and instruction at two vital institutions. (10 and over)
- Man And His Tools.* By William A. Burns. Illus. by Paula Hutchison. Whittlesey. \$2.75. Experiments, explanations, and advice on the use of tools, and their historical and economical significance. Indexed. (12 and over)
- From High School To A Job.* By Adrian A. Paradis. McKay. \$3. Thorough-going and helpful discussion of the many kinds of careers available to high school graduates, how to find them and how to grow in them. (12 and over)
- Medicine In Action.* By Margaret O. Hyde. Illus. by Clifford N. Geary. Whittlesey. \$2.50. Present and future medical science, careers available and how to find them. (11 and over)
- Nature's Guardians: Your Career in Conservation.* By Harry Neal. Messner. \$3.50. The types of work available in the field of conservation, training required and other information. (13 and over)
- Nature and science**
- **Great Adventures In Science.* Edited by Helen Wright and Samuel Rapport. Harper. \$3.95.
- Superb selections from the commentaries of men and women who have enriched our knowledge of many sciences. (13 and over)
- The World We Live In.* By the Editorial Staff of LIFE and Lincoln Barnett. Adapted by Jane Werner Watson. Simon & Schuster. \$4.95. A panorama of natural phenomena for young people just beginning to be interested. (13 and over)
- The Golden Book Of Science.* By Bertha Morris Parker. Illus. by Harry McNaught. Simon & Schuster. \$3.95. Brief glimpses into many aspects of the natural and physical sciences magnificently pictured to whet the interest of incipient scientists. (10 and over)
- **Your World In Motion: The Story of Energy.* By George Barrow. Illus. by Mildred Waltrip. Harcourt. \$2.95. Dynamic discussion of the miracles of energy which makes difficult concepts easy to grasp. Good diagrams. (12 and over)
- You And The Sciences Of Plants, Animals And The Earth.* By Ray Broekel. Illus. by Stephen Gal. Childrens Press. \$2. A dictionary of the sciences concerning the world around us, defining them briefly. (10-13)
- The Magic Of Sound.* Written and illus. by Larry Kettlekamp. Morrow. \$2. How sound is created and heard, with suggestions to young readers for discovering and reproducing it. (7-10)
- Our Senses And How They Work.* By Herbert S. Zim. Illus. by Herschel Wartik. Morrow. \$2. (8-11)
- **You And Your Senses.* By Leo Schneider. Illus. by Gustav Schrotter. Harcourt. \$2.75. (11-14) Two skillful simplifications of basic physiologic facts for two different age groups.
- Magic Bullets.* By Louis Sutherland. Illus. by E. Harper Johnson. Little, Brown. \$3. Man's discovery of microbes and the inspiring story of his constant fight against them. (11-14)
- Atoms Work Like This.* By John Rowland. Illus. by Charles Green. Roy. \$2.50.
- The Tenth Wonder: Atomic Energy.* By Carleton Pearl. Illus. by Robert J. Lee. Little, Brown. \$3. Atomic structure and reaction, with something of the history of research in this field, in two clear and readable presentations, with charts and diagrams. (12 and over)
- **My Little Golden Book About The Sky.* By Rose Wyler. Illus. by Tibor Gergely. Simon & Schuster. 25c. The everyday phenomena of earth, sky and weather made clear and comprehensible for younger readers. (5-8)
- **The Stars By Clock And Fist.* By Henry M. Neely. Viking. \$4. An inspired astronomer presents this ingenious and proven method by which to identify the wonders of the night sky. Excellent maps and charts. (12 and over)
- Exploring Mars.* By Roy A. Gallant. Illus. by Lowell Hess. Garden City. \$2. Timely, adequate account of the Red Planet with documented historical background, diagrams and current theories. (9-13)
- The Sea And Its Rivers.* Written and illus. by Alida Malkus. Doubleday. \$2.75. The wonder and mystery of the sea and its inhabitants, in superb narrative. (11 and over)

**Books included in the annual list of
CHILD STUDY ASSOCIATION OF AMERICA**

**CHRISTMAS ON
THE MAYFLOWER**

by Wilma Pitchford Hays

Simple tale of the Pilgrims, on shore and aboard ship, and the way they celebrated Christmas. Effective illustrations. Ages 7-10. \$2.50

**THE
SECRET**

by Dorothy Clewes

Escape from cramped apartment living brings two children into an entertaining mystery-adventure. Ages 7-10. \$2.50

**THE JAVA
WRECKMEN**

by Frank Crisp

Mystery and adventure complete with sunken submarine, gold treasure and the perils of the sea plus Indonesian politics. Ages 12-16. \$3.00

**THE STORY OF
VALENTINE**

by Wilma Pitchford Hays

Touching story of the saintly Roman whose love of children gave his name immortality. Ages 7-10. \$2.50

**THE ANDREWS RAID
or THE GREAT LOCOMOTIVE CHASE**

by Samuel and Beryl Epstein

Dramatic telling of this famous Civil War episode. Ages 7-10. \$2.95

Challenge Books

PEOPLE OF THE SNOW

Eskimos of Arctic Canada by Wanda Tolboom

HIGHWAY TO ADVENTURE

The River Rhone of France by Patricia Lauber

BATTLE AGAINST THE SEA

How the Dutch Made Holland by Patricia Lauber

COBRAS, COWS AND COURAGE

Farm Life in North India by Jean Bothwell

A well-written series designed to present geography in human terms. Illuminating pictures and maps. Ages 10-15. Each \$1.95

Coward-McCann, Inc.

210 Madison Ave., N. Y. 16

- **After The Sun Goes Down*. By Glenn O. Blough. Illus. by Jeanne Bendick. Whittlesey. \$2.50. The many creatures that move and hunt in the woods and stream at night make an intriguing book. (7-10)
- The Book Of Reptiles And Amphibians*. Written and illus. by Michael H. Bevans. Garden City. \$2.50. Colorful pictures of snakes, turtles, toads and salamanders, where and how they live. (10-14)
- **All About Strange Beasts Of The Past*. By Roy Chapman Andrews. Illus. by Matthew Kalmenoff. Random. \$1.95. Fascinating account of early mammals and of the scientists who reconstructed their story. (9-12)
- **The Story Of The Ice Age*. By Rose Wyler and Gerald Ames. Illus. by Thomas W. Voter. Harper. \$2.50. Exciting presentation of information about the Ice Age. (10 and over)
- Here Come The Lions!* By Alice E. Goudie. Illus. by Garry MacKenzie. Scribners. \$2.25. Easy-to-read fascinating stories about lions and pumas and their families in their natural habitats. (5-7)
- Survival In The Sky*. By Charles Coombs. Photographs. Morrow. \$3.75. Fascinating story of air travel combining engineering problems with information on the variable human-medical factors. (10 and over)
- A more complete listing and review of nature books appears annually in the Summer issue of *Child Study*.
- Activities and the arts**
- **The Rainbow Book Of Art*. By Thomas Craven. Reproductions. World. \$4.95. Comprehensive introduction to the world's art heritage presented with enthusiasm, humor and erudition by an expert. (12 and over)
- Treasures To See: A Museum Picture-Book*. By Leonard Weisgard. Harcourt. \$3. An introduction to museum visiting for children and parents. Illustrations of museum masterpieces in many fields of art. (7-11)
- Goya*. By Elizabeth Ripley. Reproductions. Oxford. \$3. The life and art of the many-faceted Spanish artist, perceptively presented with reproductions of selected paintings and etchings. (13 and over)
- Favorite Nursery Songs*. Compiled by Phyllis Brown Ohanian. Illus. by Marjorie Torrey. Random. \$1. Familiar nursery songs with simple traditional music and pictures. (under 5)
- **A Cat Came Fiddling and Other Rhymes of Childhood*. Adapted by Paul Kapp. Illus. by Irene Haas. Harcourt. \$3. Well-known and less familiar nursery rhymes set to new tunes having the lilt and spirit of the traditional Mother Goose songs. Engaging drawings. (3-7)
- Second Steps In Ballet*. By Thalia Mara. Illus. by George Bobrisky. Garden City. \$2. Excellent practice companion for basic positions and exercises for any ballet student. Splendid foreword to parents and advice to students. (8 and over)
- Tall Tales And Tall Men*. By Nellie McCaslin. Macrae-Smith. \$3.50. Excellent collection of plays based on history, legend and folk songs. (10-12)
- Let's Give A Show*. By Bill and Sue Severn. Illus. by Carla Kenny. Knopf. \$2.50. New horizons for young entertainers, from magic to minstrelsy. Good, practical suggestions with clear illustrations. (9-13)
- Fun With Puppets*. By Sylvia Cassell. Illus. by Frances Johnston. Broadman. \$2.25. Clear instructions for many kinds of puppets, material for making them and possible stages for puppeteering in a home. (9-11)
- **The Step-By-Step Cook Book For Girls And Boys*. By Julia Kiene. Illus. by William Sayles. Simon & Schuster. \$2.95. Gay, easy-to-follow cook book with both simple and more challenging recipes. (11-14)
- Reprints and new editions**
- Herbert The Lion*. Written and illus. by Clare Turley Newberry. Harper. \$2. (4-6)
- The Big World And The Little House*. By Ruth Krauss. Illus. by Marc Simont. Harper. \$2.50. (4-7)
- Churchmouse Stories*. Written and illus. by Margaret Austin. Dutton. \$3.50. (4-7)
- The Santa Claus Book*. By Irene Smith. Illus. by Arno Schuele and Hertha Depper. Watts. \$2.75. (6-10)
- Big Red*. By Jim Kjelgaard. Illus. by Bob Kuhn. Holiday. \$2.75. (12 and over)
- Fun With Science*. By Mae and Ira Freeman. Random. \$1.50. (10-14)
- Understanding Science*. By William H. Crouse. Illus. by Jeanne Bendick. Whittlesey. \$3.75. (12 and over)
- Facts Of Life And Love For Teen-Agers*. By Evelyn Millis Duvall. Association Press. \$3.50. (13 and over)
- Neighbors To The South*. By Delia Goetz. Harcourt. \$3.50. (12 and over)
- Men Of Power*. By Albert Carr. Illus. by Marc Simont. Viking. \$3. (12 and over)
- How The United Nations Works*. By Tom Galt. Illus. by Ava Morgan. Crowell. \$2.75. (12 and over)
- This selective booklist is compiled by the CSAA Children's Book Committee as part of the continuous evaluation of books for children. Our policy, however, is to keep the advertising column open to responsible publishers whether or not titles appear on the Association's lists.
-
- Coming soon . . .**
- Children's Reading*, Spring 1957 issue of *CHILD STUDY* magazine. A symposium report from leading authorities on a vital question for parents: what part do books and reading play in the lives of our youngsters today?

NEW FALL BOOKS from Macmillan

PICTURE BOOKS (Ages 4-6)

*The Useful Dragon of Sam Ling Toy

By Glen Dines

About a tiny lizard that grew into a large dragon. Beautiful illustrations in color. Boards \$2.25. Rein. cloth \$2.75.

Other favorites include The Runaways by Berta and Elmer Hader (Bds. \$2.50, Rein. cloth \$3.00), The Little Mermaid Who Could Not Sing by Louis Slobodkin (Bds. \$2.25, Rein. cloth \$2.75), Up the Trail and Down the Street by Frank Jupo (Bds. \$2.25, Rein. cloth \$2.75).



STORYBOOKS (Ages 8-12)

*Lantern in the Valley

By Faye C. Griffis

A warm-hearted story of a Japanese family. Illustrated by Vera Bock. \$2.50.

Other favorites include Benjamin Lucky by Miriam E. Mason \$2.25, Horse of Hurricane Hill by C. W. Anderson \$2.75, The Last Battle by C. S. Lewis \$2.75.

NOVELS FOR YOUNG PEOPLE Ages 12-16

*Star for a Compass

By D. S. Halacy, Jr.

An exciting adventure on a tuna fishing boat. \$2.75.

Other favorites include Dear Step-mother by Adèle de Leeuw and Marjorie Paradis \$2.75, Horses for the General by Erick Berry \$2.75, The Scimitar of Saladin by Elgin Groseclose \$2.75.

FOR ALL AGES

The Helicopter Book

By Henry B. Lent

History, manufacture and operation of this type of flying machine. Photographs. \$2.75.

*First Books by
New Authors

The Macmillan Company 60 FIFTH AVENUE, NEW YORK 11, N.Y.

A CHRISTMAS STORY

By MARY CHALMERS. "A very necessary stocking item."—VIRGINIA KIRKUS. With 22 pictures in full color by the author-artist of COME FOR A WALK WITH ME. Ages 2-5. Cloth, \$1.00



BRONZEVILLE BOYS AND GIRLS

By GWENDOLYN BROOKS. Pictures by Ronni Solbert. Poems for and about children by a Pulitzer Prize winning Negro poet. Accompanied by sensitive drawings of children in the city. Ages 7-11. Cloth, \$2.00

MARGARET WISE BROWN and GARTH WILLIAMS

THREE LITTLE ANIMALS. An enchanting book about three little animals who visit the city, by the author and artist of THE LITTLE FUN FAMILY. "Endearing for children and grownups."—VIRGINIA KIRKUS. Ages 3-6. \$2.50 Cloth Library Edition \$3.25

GENE ZION

HARRY THE DIRTY DOG. With 32 pages of pictures in three colors by MARGARET BLOY GRAHAM, artist of REALLY SPRING. The comical story of a dog who hated taking a bath. "A funnybone tickling charmer."—VIRGINIA KIRKUS.

Ages 4-8. \$2.00
Cloth Library Edition \$2.75



YLLA

THE LITTLE ELEPHANT. Story by Arthur Gregor with 35 of Ylla's wonderful photographs depicting the adventures of Japu, the baby elephant who led the King's procession. Ages 4-8. \$2.50 Cloth Library Edition \$3.25

COUSINS

By EVAN COMMAGER. Illustrated by N. M. Bodecker. A funny, romantic modern story of the search by group of youngsters for the whereabouts of a mysterious Southern lady. "Unusually good story."—Publishers' Weekly.
Ages 8-12. Cloth, \$2.75

Harper Books

FOR BOYS AND GIRLS



HAROLD'S FAIRY TALE

By CROCKETT JOHNSON. Harold takes his famous crayon to draw himself into a wonderful fairy-tale land of castles, giants and witches. Another inspired book by the author-artist of HAROLD AND THE PURPLE CRAYON. "Surprise, anticipation, great good humor."—N.Y. Times.
Ages 4-8. \$1.50
Cloth Library Edition \$2.00

THE HAPPY RAIN

By JACK SENDAK. Filled with merry pictures by Maurice Sendak. The story of a town where it rained all the time—and everybody loved it! Then one day it stopped raining. Ages 6-8. Cloth, \$2.50

AT ALL BOOKSTORES
HARPER & BROTHERS
49 E. 33rd St., N. Y. 16